DOCUMENT RESUME

ED 165 896 PS 010 365

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TITLE Child Welfare Strategy in the Coming Years.
INSTITUTION Children's Bureau (DHEW), Washington, D.C.
SPONS AGENCY Administration for Children, Youth, and Families (DHEW), Washington, D.C.
REPORT NO DHEW-OHDS-78-30158
PUB DATE [78]
NOTE 460p.

EDRS PRICE MF-$0.83 HC-$24.77 Plus Postage.
DESCRIPTORS *Administrator Guides; Adoption; Child Advocacy; Children; *Child Welfare; Divorce; Federal Government; Foster Family; Institutional Characteristics; *Planning; *Policy Formation; Pregnant Students; *Program Administration; Program Development; Spanish Americans
IDENTIFIERS *Adolescent Status Offenders; *Young Parent Families

ABSTRACT

This collection of policy papers by a dozen national experts in subject areas related to child welfare is designed to assist public and voluntary agency program directors in their efforts to update current programs or to design new ones. Sequentially the chapters: (1) set a framework for the following papers, (2) examine the provision of foster care to children as a decision making system, (3) provide analytic reference points about institutional care of children and use them for the projection of program goals, (4) examine change in the roles of the key actors in the adoption system, (5) analyze problems in the implementation of child welfare services, (6) develop a perspective on adolescent pregnancy and parenthood, (7) examine the functions and other dimensions of the child welfare field, (8) describe the national problem of adolescent status offenders and advocate a program outside of the juvenile justice system, (9) develop plans for children of divorce, (10) advocate reforms to protect the rights of neglected children and to restrict state regulation of family relationships, (11) provide an overview of problems of the Spanish speaking/surnamed poor and advocate appropriate programs, and (12) present reasons for developing a federal level, comprehensive, cohesive family policy. (Author/RH)

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CHILD WELFARE STRATEGY IN THE COMING YEARS

PS 010365

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau

DHEW Publication No. (OHDS) 78-30158

We are pleased to be able to make these policy papers available. They are designed to assist public and voluntary agency's program directors in their efforts to update current programs or to design new ones, to better meet the needs of children and their families.

This volume contains the work of a dozen national experts in their own professional areas. The group was identified and recruited by Mr. Joseph Reid, the former Executive Director of the Child Welfare League of America, who also directed their work, in consultation with the Children's Bureau. We are very appreciative of Mr. Reid's efforts and feel that this volume is a fitting culmination to his many years of leadership in policy and program and in some measure, continues the work of his long professional career. We also wish to express a special note of thanks to Mr. Carl Schoenberg, Director of Publications of the Child Welfare League of America, for his patient and creative editorial assistance in preparing these manuscripts.

And finally, we wish to take special note of the work of these twelve authors whose special competencies in their fields enabled them to review the research data, the program issues, and to give informed insight on all of these important areas of concern, as it pertains to future needs.

Frank Ferro

Frank Ferro
Associate Chief
Children's Bureau

CHILD WELFARE STRATEGY IN THE COMING YEARS: AN OVERVIEW

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Preamble--This chapter sets a general framework for the following papers, which are specifically devoted to special problems and special services. Needs, issues and approaches are discussed here in a broad way; the comments may be generally applicable to all services, but specifically applicable to none. As a consequence, this chapter is likely to be somewhat subjective.

I. THE FOCUS OF THE PROJECT

The major concern in this project is with the child welfare services system defined as the network of agencies, public and private, denominational and nondenominational, offering direct social services to children and families. The special social problems for which such agencies have been granted responsibility by the community and in response to which they are sanctioned to act, relate to dysfunctions in role enactments in the parent-child relationship network. Such problems may derive from parental incapacity, special needs of the children, or deficiencies in community resources. The child welfare services system is viewed as having some responsibility for prevention as well as remediation, amelioration and restoration with regard to this social problem configuration.

II. DEFINING CHILD WELFARE SERVICES

In defining the area of concern of the report, it is helpful to make a distinction between child welfare and child welfare services, similar to the distinction made between social welfare and social work.

Social welfare is that broad configuration of laws, programs, benefits and services implemented by a network of voluntary and governmental agencies. The objective of this general system is prevention and alleviation of social problem situations and improvement of the well-being of individuals, groups or communities for the better functioning of the social order. It is designed to assure or strengthen provisions for meeting basic social needs (Wickenden 1965).

Social work is a professional service. It is one of a number of different professions concerned with achieving the objective of social welfare. Nurses, physicians, educators, employment and housing specialists, city planners, psychologists, psychiatrists, etc., are among other professionals concerned with some aspect of social welfare. The most distinctive characteristic of a professional is specialized competence and expertise achieved through prolonged training. Of necessity, each profession can effectively discharge responsibility for only a limited sector of the total range of activities that are the concern of social welfare. In recognition of social work as a specialized professional activity, social workers are assigned the primary mandate for a defined area within the social welfare territory.

Child welfare services are analogously related to child welfare. Child welfare is the broad range of activities designed to benefit children, promote their well-being, and strengthen or assure provision for meeting their physical, social, emotional, educational and moral needs. Social workers share concerns with pediatricians, nurses, nutritionists, educators, psychologists, the clergy, psychiatrists, etc.

While child welfare includes within its scope all measures "designed to promote conditions favorable" to the health of all children, "to prevent whatever may be detrimental to them, to protect them from harm, to safeguard their rights and to help overcome obstacles to the fulfillment, use and enjoyment of their individual potentialities" (Turitz, Smith 1965, p. 137), child welfare services are concerned with a social work practice directed toward particular groups of children and their families. These are "specific services provided to specific populations by specific types of agencies" (Neel 1971, p. 25).

Although child welfare, broadly defined, speaks to the general well-being of all children, child welfare services speak to the special needs of particular groups of children. Child welfare, broadly defined, includes health, educational, and recreational services. Child welfare services are specifically designated as social services, a configuration of special programs having special functions, engaging in special activities.

Child welfare services are to child welfare as social work is to social welfare--a clearly delineated, segment of professional activities, a distinctive responsibility within a broader field of concern.

Attempts to define child welfare services have a long and honorable history. In 1957 Helen Hagan, at that time assistant executive director of the Child Welfare League of America, reviewed the repeated attempts at definition by five separate committees, dating back to 1934. In her own attempt to identify the "distinctive aspects of child welfare" Hagan pays tribute to the previous attempts and notes that "in analyzing the reports of many different committees one finds the same basic definition of child welfare in each" (Hagan 1957, p. 1). Echoing a previous definition by Turitz, who defined "child welfare services as distinguished by the assumption or sharing of a specific kind of responsibility ordinarily carried by the parents" for meeting the needs of the child, Hagan concludes that "child welfare in social work deals with the problems of the child that result when the needs which parents are ordinarily expected to meet are either unmet or inadequately met."

Richman says the same thing somewhat differently, defining child welfare as a "field of practice concerned with children whose circumstances within themselves, their family or community may jeopardize their normal developments" (Richman 1958, p. 1).

In defining child welfare as a field of social work practice, the Child Welfare League of America (1959) notes that child welfare services are social services provided to families unable to fulfill their child caring responsibilities without help. In addition, the statement points to the effect of community failure to provide resources necessary for effective implementation of parental roles. Child welfare services have a responsibility for intervention at the community level in modifying existing social institutions or organizing new ones. In a further elaboration of the position, the League notes that

> it is appropriate to define child welfare as those specialized social welfare services which are primarily concerned with the child whose needs are unmet within the family and/or through other social institutions, and the problems he presents to himself, his family and the community, and which are designed to provide a remedy by strengthening or reinforcing the ability of parents to give the affection, care and guidance which a child should have, including help to him in his relations to other social institutions, by supplementing the care which the family can give by meeting certain deficiencies or inadequacies in such care, or compensating therefore, or by substituting for the care which the child is expected to receive from his own parents when necessary, and restoring such care to him whenever possible (Council on Social Work Education 1959, p. 5).

In legislating for child welfare services Congress, in the Social Security Act of 1935, identified them as "services for the protection and care of homeless,dependents and neglected children and children in danger of becoming delinquent."

In response to dissatisfaction with the narrowness and specificity of the Social Security Act's definition of child welfare services, an Advisory Council appointed by the Secretary of the Department of Health, Education, and Welfare formulated an alternative definition. The Advisory Council defined child welfare services as

> those services that supplement, or substitute for, parental care and supervision for the purpose of: protecting and

> promoting the welfare of children and youth; preventing neglect, abuse and exploitation; helping overcome problems that result in dependency, neglect or delinquency; and, when needed, providing adequate care for children and youth away from their own homes, such care to be given in foster family homes, adoptive homes, child-caring institutions or other facilities (Social Security Administration 1960, p. 3).

Although designed to broaden the concept of child welfare services, the definition explicitly identifies the classic substitute care services (foster family care, adoptions, institutional care) and the problem situations likely to require service intervention (neglect, abuse, dependency, delinquency). Services are designed to supplement or substitute for parental efforts to protect and promote the welfare of children, so that services are employed in those situations in which there is some actual or potential dysfunction in normative parent-child relationships.

In response to the work of the Advisory Council, child welfare services were redefined in the 1962 Amendments to the Social Security Act to mean

> social services which supplement, or substitute for, parental care and supervision for the purpose of 1) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation or delinquency of children; 2) protecting and caring for homeless, dependent or neglected children; 3) protecting and promoting the welfare of children of working mothers; and 4) otherwise protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or, where needed, the provision of adequate care of children away from their homes in foster family homes or day care or other child care facilities.

More recent legislation concerned with the social services such as Title XX does not include a formal definition of child welfare services.

The definition proposed here is the following:

The child welfare services system is that network of public and voluntary agencies, comprising a field of social work practice, that engages in those activities concerned with preventing, ameliorating and remedying of social problems related to the functioning of the parent-child relationship through the development and provision of specific child welfare services, such as adoption, foster care, institutional care, protective services, day care, homemaker service, supportive services, etc.

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III. CHILD WELFARE SERVICES--PROGRAMS, PROBLEMS, POPULATIONS

The various definitions of child welfare services proposed over time reflect the distinctive responsibility of the system, the specialized services it makes available, the specific problems with which the system is concerned, and the populations to which its efforts are directed.

A review of the relevant social work literature, official governmental pronouncements, and statements of practitioners and researchers indicates that there is both stability at the core and changes at the periphery of what has been identified as the concerns of child welfare social workers.

The services generally listed as child welfare services and the client groups to which they are directed vary from time to time, but a core group of services and core groups of clients are consistently designated.

The services traditionally and consistently identified as child welfare services are foster care, adoption, institutional care, protective services, day care and homemaker services. Counseling services to, and for, children in their own homes and income maintenance services as a child welfare service are frequently mentioned in recent literature. The groups most frequently identified as recipients of services are dependent, neglected, abused, delinquent children, physically, emotionally and mentally handicapped children, children born out of wedlock and children of working mothers. Child laborers were more frequently listed in the early citations. Disadvantaged, minority group children are more frequently mentioned in the recent citations. The family most frequently identified as the target for service is the family that is actually or potentially disrupted and conflicted, unable to provide adequate and/or suitable child care and child rearing.

Core services have remained stable over a long time, changing primarily in emphasis and in diversification and refinement. Substitute services (institutional care, foster care, adoption) for children in need of parental care temporarily or permanently are part of this core. Over the years the emphasis on institutional care as compared with foster care, and foster care as compared with adoptions, has undergone change--and is changing today, as adoptions become less frequent and concern over deinstitutionalization is intensified. Despite varying emphasis, all three substitute care services have been and are sanctioned, supported and widely utilized to meet the needs of the populations served by the child welfare service agencies.

All three services have been experiencing differentiation. The undifferentiated orphanage has yielded to homes for the dependent and neglected, residential treatment centers, halfway houses and group residences. Foster care now includes group homes under both proprietary and agency auspices, agency-operated boarding homes, and emergency foster homes, as well as traditional foster family care. Adoptive homes now include both subsidized and unsubsidized homes, and formerly firm distinctions between adoption and foster family care are now somewhat blurred.

Service to the unmarried mother is another core service, logically related to adoption and other substitute core services. The emphasis, over time, has shifted to services for unmarried mothers as merely one subgroup of the larger group of single parents, and the service now includes family planning and abortion counseling. Maternity homes, a specialized institution serving the needs of single pregnant women, had a period of expansion, followed by the recent rather precipitous decline. There is, currently, increased interest and concern with the particular needs of adolescent unmarried mothers and a variety of comprehensive multiservice programs have been developed in response to the educational, vocational, health, family planning and child welfare service problems faced by this group.

Protective services for children in danger of neglect and/or abuse have always been part of the core services. Here, too, there has been changing emphasis and diversification. Starting in 1875 with a concern for child abuse, emphasis shifted to neglect and then back again to abuse with the discovery of the battered child syndrome in the 1960s. Self-help groups such as Parents Anonymous, paraprofessionals who serve as emergency parents, emergency hotlines, remediation centers, drop-off centers and comprehensive emergency service systems suggest the developing diversification of the core service.

Homemaker service was developed by the children's and family agencies in the early 1920s. Originally the program was directed to the needs of the family in which the mother's role, functions and tasks were temporarily not covered; it was clearly a child welfare service under social work auspices. Currently children share with the aged the limited available homemaker resources, and social workers vie with health personnel for control of the program.

Day care services, originally developed under a variety of auspices, came under social work hegemony during the 1930s. Currently social workers contend with educators for control of the service. With the trend toward day care as a social utility needed by a large number of nonproblematic families and with the increasing emphasis on child development and educational programming in day care, the likelihood is that child welfare social workers will have a progressively reduced role in day care. Day care, however, is still identified as a unit of the social work services package. Day care, too, has gradually become diversified, so that there now are congregate day care programs for infants as well as preschool and school-age children, individual family day care, and day care for children with special needs such as physically handicapped, mentally deficient and emotionally disturbed youngsters. Day care auspices have also been diversified and now include proprietary franchise operations, industry, hospitals, large government agencies, universities, community action agencies, denominational groups, ethnic action groups, and voluntary non-denominational social agencies.

Services to children in their own homes relate to a more amorphous group of services provided principally by family service agencies, child guidance units of community mental health centers, and the public social service agencies. The objectives are to support, reinforce and strengthen the ability of the parents to meet the child's needs, to perform parental tasks and functions, and to help the child function as a member of the family.

Supportive services are also designed to help children directly with problems in social functioning, so that they may more adequately fulfill their role within the family. One of the principal objectives in helping both parent and child to perform their respective roles more adequately is to prevent the necessity of placement.

The agencies that are recognized as child welfare agencies are members of, or potentially are eligible for membership in, such organizations as the Child Welfare League of America, which represents and speaks for the organized segment of the child welfare services system, offer one or more of the specific services enumerated in this section.

These are the services that are repeatedly and consistently listed under the rubric of child welfare services in texts and articles concerned with this, in the successive editions of the Social Work Yearbook and Encyclopedia under the child welfare entry, and in the legislation that specifically mentions child welfare services. Most, if not all, of these services have been singled out for attention by the Committee on Standards of the Child Welfare League of America in the series of publications concerned with standards for service.

In both the planning and implementation of the federal government's revised plan for social services (Title XX), the traditional services have clear visibility. Protective services are required in all state plans, and all states have included provision for adoption, foster care, group home care and institutional care of children, along with a heavy emphasis on day care (Pierce 1975).

A recent review of child welfare delivery systems in 25 states defined child welfare service as "activities directly concerned with providing services and programs to clients on a case-by-case basis" (Peat, Marwick, Mitchell, 1976, p. 111.88), and included, in all states studied, adoption service, foster family care, emergency shelter care for children, institutional care for children, group home service, homemaker service, protective service, social service for unmarried parents, social service for children in their own home. Residential treatment, day treatment and day care, although categorized as child welfare service in most studies, were regarded in some states as services assigned to other delivery systems. On the other hand, a few states defined other services such as delinquency services and family planning as part of the child welfare delivery system (Peat, Marwick, Mitchell, 1976, p. 111.90).

The services listed here have been generally organized into three groupings:

a) Supportive services, such as and including services to children in their own home, to preserve and strengthen potentials for effective implementation of parent and child roles, tasks and functions.

b) Supplementary services, such as day care and homemaker service, to help carry out, for part of the time, some of the role responsibilities of parents, generally the mother.

c) Substitute care service, such as institutional care, foster care and adoption, designed to replace the biological parents, temporarily or permanently, by a surrogate parent couple or group.

These distinctions have validity, since each group of services is directed to groups of families differentiated by their ability to cope with a situation that presents a problem in meeting the needs of the child. The family offered supportive services retains responsibility for the day-to-day implementation of all parental tasks and functions; the family offered substitute care gives up responsibility for day-to-day implementation of all or almost all parental tasks and functions. Supplementary services lie between supportive and substitute care on the continuum relating to sharing of parental tasks and functions by the family and some extrafamily agents. The choice of intervention procedure should be predicated on the extent to which the family can adequately provide for the needs of the child without outside helpers, minimal intervention being most desirable. A continuum of services is necessary, since each service is addressed to a progressively more difficult situation requiring a greater intervention, and a diversification of services is necessary since even generally similar situations may require slightly different kinds of intervention.

Since each group of services serves different problem situations, it isn't likely that one group can effectively replace the other. Even if supplementary services were ideally available everywhere, qualitatively and quantitatively, substitute care services would be needed for situations where strengths in the home are so minimal that supplementary services would not make the intended impact. Although studies differ as to the percentage of children in substitute care who might have remained at home had adequate supplementary and/or supportive services been available, every study shows that a majority of substitute care placements were necessary and appropriate and, in all likelihood, unavoidable. Jenkins (1966 p. 185) found this was the case in 53% of 425 families; Mech (1970 p. 10.5) found this true of 70% of 2200 children in foster care; Bernstein et al. (1975 p. 32) found this to be the case in 92.7% of 29,000 children in placement or awaiting placement in New York City. Gruber (1973), in interviewing a 27% sample of 586 parents of children in foster care, found that "almost 30% of the parents felt that placing their child in a foster home was not necessary" (p. 46) and could have been avoided had supportive and supplementary services been available. The warranted conclusion is that supportive and supplementary services cannot substitute for substitute services. Nor is it likely that one kind of substitute care can totally obviate the need for another service. Even if a program of deinstitutionalization were ideally implemented, there would be a residue of children who could not make use of a community-based facility and would require the structure and control that only an institution can make available.

Over time there has been a growing consensus, by now close to unanimous, that choice of intervention should be made on the presumption that the child's own family is the best possible context for his care and rearing. Initially every effort should be made to preserve the home for the child. Substitute care interventions should be employed only after supportive, and then supplementary, interventions have been attempted and have proved not feasible or ineffective.

The social problems to which the services are directed include situations in which the role of parent is uncovered because of death, desertion, separation, divorce, imprisonment, hospitalization for mental or physical illness, or birth of the child out of wedlock; situations in which the role of parent is neglected or rejected, as in the case of child neglect or abuse; situations in which the role of parent is inadequately performed because the parent is in the home but mentally or physically ill, emotionally disturbed, mentally deficient, drug addicted, alcoholic, deficient in knowledge of parenting skills, or has severe marital conflict; situations in which there are conflicts between the role tasks of parent and other significant roles, such as that of employer; situations in which the child is incapable of performing his/her role in the family system, as in the case of the physically, mentally, emotionally, intellectually handicapped or delinquent child; and situations in which deficiencies in community resources or other community problems impose barriers to adequate parental role enactment.

These are the general kinds of situations in which child welfare service social workers are called on to intervene, as exemplified by studies (see for instance Haring 1975a; Packman 1968; Ryan, Morris 1967). And these are, in fact, the problems with which child welfare services have been concerned since the inception of the services system.

As noted, the trend has been toward fewer placements and greater emphasis on services to children in their own home, toward an acceptance of responsibility for additional kinds of service such as family planning service, family life education programs, drug addiction programs, group care for infants; toward an extension of service to groups previously neglected, such as the poor and minority groups; and toward an extension of the age range of children served to include adolescents and youth; toward a greater diversification of methodological approaches to include group and community methods and a greater emphasis on systems change through such activities as child advocacy; toward a greater stress on primary prevention as against efforts toward remediation. In each case the change implies some extension and broadening of the traditional earlier, more limited, domain of child welfare services.

During the late 1960s and early 1970s, in response to pressure from the civil rights movement, the war on poverty and community-action agencies, there were efforts to make child welfare services more coterminous with child welfare broadly defined. Child welfare agencies widened their concern, to refocus on the needs of all children. Despite the belief that the new focus was equitable and desirable, such an orientation was clearly beyond the resource capabilities of most agencies. More recently child welfare service agencies have regrouped around the traditional services, but not without some sense of guilt.

The auspices of the bulk of child welfare services has undergone change, the long-range shift being from primarily voluntary to public agency auspices, and from funding by local units of government to larger administrative entities, such as the state and particularly the federal government. Although public funding has always been a significant component of child welfare service financing, it is currently clearly the principal, dominant source of support (Haring 1975b). Changes in funding represent a movement from voluntary charity to communal responsibility for children in need.

IV. IMPLICATIONS AND ISSUES

Some basic considerations implicit in the definitions of child welfare services previously reviewed can be made explicit. One is that child welfare services have been and are the concern of the social work profession. The direct service and middle management corps of workers in public and voluntary child welfare agencies are social workers by designation and often by training. The formal education and training of child welfare service workers is the responsibility of social work education, and personnel for inservice training and staff development in child welfare are generally social workers. Social workers are the authors of the texts that attempt to codify systematically the available knowledge regarding child welfare services (Kadushin 1974; Costin 1972; Fredrickson, Mulligan 1972; Zeitz 1969), and this is also true of a high percentage of the authors of articles in relevant periodicals. The staff of the Child Welfare League of America, which publishes the leading child welfare journal and sets standards for the system, is composed primarily of social workers.

Child welfare service is a field of practice within social work, recognized as such by the profession and by the community. The fact that civil service announcements call for social workers to fill child welfare service positions, and the fact that funds for training child welfare service workers are assigned to schools of social work are indicative of the community's sanction of the mandate accorded the profession for this area of activity.

Child welfare service as a member of the genus social work shares some of the distinguishing characteristics of the profession. The differentiating concern of social work is with social functioning, the implementation of social roles. Child welfare service social workers are, as is true for professionals generally, primarily, although not exclusively, technologists. As such, they are charged with the responsibility of intervening in a situation for the purpose of effecting change--as are the doctor to change disease to health, the educator to dispel ignorance, the engineer to convert structures out of raw materials. The social worker is a human service technologist concerned with changing a socially dysfunctional situation to one that is more satisfactory for both the clients and the community.

Each of the fields of practice within social work is concerned with an identifiable social situation, a significant social role network. Child welfare service as a field of social work is concerned with the parent-child social system, the implementation of the social role of parents and the social role of children; it is charged with the responsibility, and granted the sanction, to intervene in the situation in order to effect change.

This is the factor that unites the seemingly heterogeneous group of child welfare services and the seemingly heterogeneous groups of children served. In each instance the services speak to a dysfunctionally parent-child relationship situation.

If a child is in a family system in which his needs are adequately met, in which he can perform his own role without difficulty, there is no need for intervention of child welfare services. Only if there is some dysfunction in the parent-child network, for whatever reason, is service intervention called for. Child welfare services are, thus, alternatives to the normative familial arrangements for the care, protection and nurturing of children. The child welfare network is mobilized when there is a breakdown of the normative familial child care system or danger that a breakdown will occur.

This approach is generally designated a "residual" or "minimalist" orientation to social services. The language often used in government pamphlets to identify child welfare services points to a residual orientation: "Child welfare services are social services for troubled children and children in trouble" (Children's Bureau, 1963).

Contrasted with this is the "institutional" or "developmental" orientation, advanced by Kahn and Kamerman (1975) and Shorr (1974), that social services, rather than being only for the "poor, the troubled, the dependent, the deviant and the disturbed," should also be directed to "average people under ordinary circumstances" to meet "normal living needs." The contention is that life in a highly industrialized society is so complex that all families need social services, and such services should be universally available, as are parks, schools and libraries. However, it is significant that in a recent study, "Not for the Poor Alone," which champions such an approach, Kahn and Kamerman (1975) discuss such services as day care, school meals, family vacations, homemaker service and housing. Conspicuously absent are the traditional child welfare services that form a significant component of the backbone of the child welfare services system, and occupy most of the time and attention of most of the child welfare service social workers--foster care, protective services, adoption, institutional child care. These services do speak to problematic situations reflecting dysfunctioning in the family system. Kahn and Kamerman make a distinction between "social utilities," which have general applicability, and "case" services (such as protective services, foster care, institutional care, adoption), which have selective eligibility and are clearly residually oriented and problem focused.

The reality is that almost all clients of child welfare agencies resort to the services when something in addition to normal arrangements is required. These are seen as "safety net," "backup" services.

Furthermore, even if a particular service did achieve acceptance as a social utility, available and accessible to all in the normal course of events, the function that the social service performed in such a system would be residual in nature. Thus in day care, which is moving toward the status of a generally accepted social utility, social work is often involved in helping the child or family that has difficulty in making effective use of day care. The social worker has little concern with that majority of children and families who know what they want from day care, why they want it and how to use it.

The issue, then, is whether to seek general acceptance of an "institutional" or "developmental" orientation to child welfare services, or to hold to the more traditional "residual," "minimalist" orientation. The argument is made that acceptance of the "developmental," "institutional" orientation is likely to destigmatize community perception of the agency, promote readiness to use the agency and gain more generous support of the services. The position taken here is that the problems much of child welfare services addresses are not, and are not likely to be, universally encountered situations; that although child abuse and neglect, out-of-wedlock births, inadequate child care, etc., should receive a compassionate response, it is undesirable to regard these situations as embodying values as socially acceptable as values oriented toward parental responsibility for adequate child care.

Sheldon White (1973), in a comprehensive review of governmental child welfare programs, notes that throughout American history there has been a division of labor between parents and community in the care of children. "These contracts have been continually renegotiated with shifting of responsibilities for various aspects of service to children" by the various parties concerned with providing for the needs of children (Vol. 1, p. 14). It would be best for children generally if society clearly communicated at this time that primary responsibility for child care protection and nurturance still remained with the biological parent, community intervention in the form of child welfare service being available to support, supplement and substitute for parental role enactments.

Given the reality of limited resources, it may be less visionary but more pragmatic to hold to a residual orientation. An "institutional," "developmental" orientation of the child welfare services system is too ambitious, less efficient and less equitable than a service targeted toward those who need it most. A universally oriented system does have the advantage of being less stigmatizing. But where services are in short supply, as most child welfare services are, priority should be given to those in greatest need. The target population of the child welfare system is not all U.S. children, but those who lack adequate care through the usual caretaking arrangements. Using day care as an example, the reality is in line with a residual orientation even though the rhetoric is "developmental." In all programs of publicly funded day care, "categories" and "eligibility" tend to seep in. Day care gives priority to "children between 3 and 6," or to "low-income parents" or to "AFDC mothers," or to "single-parent, female-headed families," or at least "the working mother."

V. OBJECTIVES OF THE CHILD WELFARE SERVICES SYSTEM, CLIENT CONSTITUENCY--CONTENT, LEVEL, BREADTH

Having defined the phenomena that are the concern of the child welfare services system, identified the nature of the services offered, the problems addressed and the population served, we ask: What are the objectives of the system--the ends one hopes to achieve, the results that are desired? Goals are distinguished from objectives in that they are more global, longer term. Objectives are more limited, more attainable within a limited time, more specific. Goals are the ultimate summation of the achievement of related objectives. Objectives are subgoals or proximate goals.

The immediate objective of intervention is to reduce the danger to the child from a noxious environment. We then seek to change the situation so as to ensure that the child's basic needs will continue to be satisfactorily met--if possible, at a more satisfactory level than was the case before the system intervened.

The ultimate goal of intervention is to provide children with what is needed to grow and develop into contributing members of society, living in reasonable harmony with themselves and their environment.

The content of concern is the child's physical, social, emotional, cognitive and moral (values) development. This seems like, and is, a broad canvas. It must be noted, however, that although the child welfare services system has, itself, no direct responsibility for meeting all these needs, it has responsibility for mobilizing the particular resources that have the capacity and expertise to meet these needs. There is some consensus on the content areas that are the general concern of the agency's interventions. There is less consensus on the level at which the system should seek to meet the child's basic needs.

An optimal statement of levels would be that the system seek to provide to the child whatever is needed for the fullest development of individual potential in all areas. At the opposite extreme, the minimal hope is to protect the child from harm.

The level of objectives is a value question, but one not without realistic constraints. This paper is written at a time of considerable disenchantment and cynicism about social reform programs. Expenditures for social welfare are at their highest levels (55% of the federal budget), well beyond what might have been anticipated a short time ago, at levels in relation to the Gross National Product (G.N.P.) ($389 billion total, 27% of G.N.P.) that rival the efforts of such leaders in social welfare as Sweden and West Germany (Skolnick, Dales 1976). Any statement in this area must be both credible and fiscally responsible. It is best to make modest promises in terms of modest goals, and be modest in proposals for change.

Applying such caution to levels of child development for which the child welfare system should be responsible, I call attention to Freud's statement of his objective of a prolonged psychoanalysis--"to restore the patients to normal, everyday unhappiness." Similarly, I suggest that our responsibility lies in establishing or restoring for the client the condition for development that approximates that of his peers living in effectively functioning family units. This level of achievement for the system is analogous to the objective of "normalization" currently obtaining acceptance as the goal in such areas as mental retardation (Wolfensberger 1972). To promise optimization of the potential of the child receiving child welfare services is to impose on child welfare services a level of achievement rarely attained by intact families generally.

There is another aspect of concern relating to objectives and goals of the child welfare services system. If the objective is to be attained by effecting changes in the situation, how much of the total complex of factors impinging on the child should the child welfare services system seek to modify? A perennial issue in all of social work, including child welfare, is the controversy regarding social system change efforts vs. symptom change efforts.

The orientation of choice is related to the etiology of the problems for which child welfare has responsibility. If the locus of the problem is perceived as being a pathogenic social environment, the emphasis is on changing the social system. If the locus of the problem is perceived as residing primarily in the deficiencies of the client, the corrective procedures focus on change in the client. Generally the problem results from an intricate transactional relationship between the client and the social environment, and each contributes to the situation that finally requires the intervention of child welfare services.

This view is, of course, in line with the traditional psychosocial orientation of social work, including child welfare services. Efforts have always been made to modify the client's immediate environment so as to reduce externally imposed stress, while at the same time helping the client to modify his own attitudes and behavior so as to operate more effectively in the environment. The aim is to make the social situation more manageable while helping the client become more capable. This can involve limited system change efforts with regard to institutions with which the child welfare services client is immediately engaged. Rules, regulations, procedures and the methods of operation of the local school. hospital, employment agency, housing authority or financial assistance agency may be changed through brokerage, advocacy or case-action interventions, so that the client can be served more effectively.

But controversy arises with regard to intervening to effect changes in problems of the general social system that ultimately affect clients adversely--problems of unemployment, discrimination, poverty, housing, crime, etc. All these conditions make it difficult for many families to give children what they need for healthy growth and development.

Even if this is admittedly the case, intervening at broader levels may not be a desirable approach for the child welfare services system. In fact, there is relatively little the child welfare services system can do to effect significant change in the fundamental arrangements of the broader society. Despite good intentions and a desire to achieve greater social justice, the child welfare system has neither the social policy know how, the community's sanction, nor the political muscle to effect changes in housing, employment, income redistribution, racial discrimination, etc. It is not likely that we will be able to deal significantly with the problems faced by child welfare clients through efforts to change the social system. As Brager comments: "Both the observers and organizers of social action have noted that the underlying issues are really political. Thus, the problems of the poor require political action and political action requires power--political power is required to effect change" (Brager, Specht 1965). The child welfare services system is not, either in the nature of organization, orientation or primary functions, a social reform movement. It is not sufficiently powerful in itself, nor is it likely to be able to build a political constituency with sufficient power to have significant political impact (Keith-Lucas 1975). Empirically, our experience during the last decade in the activities of neighborhood service centers and organizations such as mobilization for youth (Helfgot 1974) testifies to our limited potency with regard to social action.

A useful distinction can be made between "concern about" and "responsibility for." The fundamental dysfunctions in society, which ultimately adversely affect our clients, are of deep concern to us. However, social system change is not a "responsibility" of the child welfare system. We should bear witness to the deprivations suffered by clients as a consequence of social injustices. We should use our expert knowledge of effects of social pathology, based on intimate contact with families, to "blow the whistle." But our principal efforts should be devoted to helping the individual client and individual family.

The child welfare system, although having little capability to reshape the broader social environment in the client's favor, has great capability and clear community sanction to effect changes in the client's immediate living situation. This is, perhaps, its greatest glory.

Somewhat similarly, with regard to the balance between prevention and remediation, I argue for a greater focus on remediation. Prevention is eminently more desirable. But desirability is not the only question pertinent in deciding on an orientation regarding the objectives of the child welfare services system. Ability is an equally important consideration. Do we know enough about cause and effect relationships in child welfare problems to identify effective preventive procedures? A negative answer is one of the conclusions of White's (1973) comprehensive review of child development research relevant to public programs for children. Without a clear knowledge of cause and effect relationships, a program of prevention is likely to be inefficient; the parent education outcome research, for example, testifies to this (Chilman 1973). Nor can we identify the target population for preventive service with sufficient precision to insure efficiency. Remediation has the advantage of clearly targeting a situation requiring action. Feasibility, in addition to ability, is another important consideration. Prevention may often require significant changes in the social system, changes, as noted, that are beyond the power of the child welfare system. Given these considerations, an orientation that emphasizes remediation seems more feasible.

Since, admittedly, few of the resources of the child welfare services system are currently allocated to prevention, concern about this can easily be overstated. Perhaps it is nearer the truth to say that effective prevention may be premature and that resources should be allocated to determine what we need to know in order to engage in a program of prevention.

Furthermore, it should be explicit that the foregoing discussion is concerned with primary prevention. Secondary prevention --prevention of further deterioration of a situation already identified as requiring help--is clearly a responsibility of the child welfare services. Service to children in their own homes to prevent placement is illustrative of this kind of responsibility. The system has often, and justifiably, been criticized for failing to meet this responsibility by offering too little, too late.

VI. OBJECTIVES--COMMUNITY AS CONSTITUENCY

The previous section was concerned with the manifest objectives of child welfare services relating to clients. It is helpful to make explicit the latent objectives that child welfare services share with all the other social services programs. These must be detailed because they are significant, although frequently unexpressed, factors in social policy formulation (Noyes 1960, Wolins 1967, Atherton 1969, Pierce 1970).

Child welfare services provide for society a systematic channel for dealing with deprived, neglected, handicapped, dependent children. The community is spared exposure to such children, exciting public anxiety and guilt. The child welfare services system provides conscience-salving assurance that such problems are receiving attention.

All social welfare programs, and particularly child welfare, serve a self-protective function for the community. The community is aware of the relationship between childhood deprivation and later adult pathology. Any economy achieved by the failure to provide for the needs of the neglected child is doubly dissipated by the cost of dealing with increases in adult crimes, physical and mental breakdown and socially dysfunctional adults.

Advocates of a more generous child welfare service budget consciously employ the community's concern with this function of child welfare services when they "wave the shroud." They point to the ultimate greater financial and social costs to the community of the failure to support services.

The following quote from a special legislative report on child welfare is illustrative.

> For children who lack an adequate home the community sooner or later pays a price. The ever-rising tide of juvenile delinquency, drug abuse, mental disorder, criminality and blatant economic dependency is clear proof of this (Arizona Legislative Council 1970, p. 1.1).

Although perhaps no longer as germane as it was at the time of a draft army, statistics regarding draftees were once cited to make the same point. High rates of rejection for both physical and mental reasons because of failure to provide for the developmental needs of draft candidates in childhood indicated the risk to the nation of such social policy.

Child welfare services perform the function of managing and controlling deviance, which threatens some of the fundamental values holding society together. Child welfare services deal with basic values relating to marriage and the family, parental responsibilities, sex ethics, the work ethic, and care of the vulnerable. Maintenance of some general consensus, however flexible, about these values is essential. Child welfare services are oriented in support of the core values, and tend to restrain deviation from them. We validate society's values by efforts to maintain the family, to enhance motivation toward parental responsibilities, and to resocialize deviants to act in accordance with socially accepted norms.

Child welfare services maintain social stability by reducing the levels of dissatisfaction, frustration and discontent and resentment that are likely to develop among the seriously deprived and disadvantaged.

All social services, including child welfare services, are a functional necessity in any industrialized society if the social system is to be maintained and social conflict and tensions are to be held to manageable levels. The social services provide a channel for making redress and adjustments on an individual basis for the harmful consequences of pathogenic aspects of the general social system. The social services act as a social safety valve and shock absorber.

Children in crisis and/or children at risk are a danger to community stability. The general community supports child welfare services as an implementation of one of society's central values--the moral value that calls for the sharing of community resources with any dependent, vulnerable group. Providing services is an act of compassion, even though it might at the same time satisfy self-protective community needs.

There is a pragmatic aspect to such a commitment. The community is not clearly divided between client and nonclient constituencies. Every member of the community is a potential client. The nonclient population is composed not so much of the strong as of the spared--who may not be spared tomorrow. Some of the community support of child welfare services results from the recognition that such resources, although not needed by the nonclient today, may be much needed tomorrow.

The social services also provide the general social system with a sensing mechanism to detect developing difficulties. System maintenance requires not only a measure of stability, but flexibility in responding to changing conditions. Child welfare services provide society a barometer sensitive to changing conditions that might deleteriously affect children. In performing its function, the child welfare services system must accept responsibility for informing society consistently and accurately of its perception of the changing situation.

Making these community-oriented objectives explicit is a useful reminder that any complex system, such as the child welfare services system, is called on to achieve the objectives of many different constituencies. Sometimes the objectives of the different groups are complementary; sometimes they are in conflict.

VII. THE CURRENT CONTEXT IN WHICH CHILD WELFARE SERVICES OPERATE

This section briefly reviews those aspects of American society, statistical and ideological, that most directly determine the context in which child welfare services operate, and that, in some measure, are pertinent to the achievement of their objectives.

A. Changing Demography of the Child (Under 18) Population

The prospect is for a decrease in the number of children in the population, making the child population a lower proportion of the total population. The average age of the population will shift upward.

In April 1960 there were 64,202,000 children in the U.S. At that time children constituted 35.7% of the total population of 179,323,000. In July 1974 there were 67,262,000 children in the country, constituting about 34.2% of the population of 211,390,000 (U.S. Statistical Abstract, 1976, Table 35, p. 31). Perhaps of greater significance for the next decade is the reduction in the population of children under 5 between 1960 and 1975. In 1960 there were 20,321,000 children under 5, constituting 11.3% of the population. By July 1974 the total of 16,304,000 children under 5 made up only 7.7% of the population.

The sharp change is also noted by reductions in the total fertility rate. "The total fertility rate in 1973, which shows how many children women would have if they continued having children throughout their childbearing years at the same rate as in 1973, stood at a new low level of 1.9 per woman. This is just one-half as many as in 1957, when the total fertility rate was 3.8 per woman" (Glick 1975, p. 2).

Since 1972 the birth rate has continued to decrease. By 1974 the birth rate was at the lowest point in the history of this country--15 children born per 1000 population. In 1974 about 3,166,000 children were born, in contrast to the peak of 4,300,000 children born in 1957 (Vital Statistics Report, May 30, 1975).

We reached a zero-population-growth birth rate in December 1972 and have been maintaining this rate, or lower, since. Guesses about the next decade are just that--guesses. One factor in favor of a larger number of children is the increasingly large number of women moving into the prime childbearing period. There were, in 1974, about 18 million women in the 20-29 age range; in 1985 there will be 21 million such women. The number of women of childbearing age will increase 12% between 1974 and 1980.

However, recent surveys indicate that young married women expected to have only 2.2 children, and this is lower than previously stated expectations. With more widespread availability of birth control, backed by abortion, women are more likely to have only the number of children they want. Assurance of successful family planning is further increased by the rising use of both male and female sterilization procedures.

Leslie Westoff, in a review of sterilization statistics, estimates that 6 million adults had been sterilized by 1974 (Westoff 1974). A recent report by Charles F. Westoff on the result of family planning indicates that by 1970 almost all in-wedlock pregnancies were wanted (Westoff 1976).

Other factors assist in population control. Both women and men are delaying marriage somewhat, and getting married less frequently now. Between 1960 and 1975 the median age at first marriage for women went up from 20.3 to 21.2 years; for men, from 22.8 in 1960 to 23.5 in 1975 (New York Times, Jan. 8, 1976). In 1974, the marriage rate dropped for the first time in 16 years. There were 54,000 fewer marriages in 1974 than in 1973--a decline of 2.4%, despite a 3% increase in marriage-age population during the year.

Between 1960 and 1975, there was an increase from 28% to 40% in the number of women between age 20-24 who remained single. In the same period, there was an increase from 53% to 57% of the men in this age group who remained single.

As a consequence of the delay in marrying, 40% of the women between 20 and 24 were childless in 1974, as compared with 24% of childless women in this age group in 1960.

Education and employment were competing with marriage and family as the preferred objective for many American women at the peak of their childbearing period. There were 4 million American women enrolled in colleges in 1974, three times the number that were enrolled in 1960 (U.S. Statistical Abstract 1976, Table 114, p. 180). In 1975, 43.9% of married women without children were in the labor force, as compared with 34.7% in 1960 (U.S. Statistical Abstract 1976, Table 565, p. 347).

Women's liberation ideology and a growing acceptability of concern for self-actualization, coupled with the increasing costs of parenthood, both financial and emotional, have resulted in a changing attitude toward parenthood as a primary, satisfying, central role for all adults and especially for women. Childlessness has become more "respectable," and with it, rejection of parenthood has become less stigmatized.

Esquire magazine published a special issue in March 1974 entitled "Do Americans Suddenly Hate Kids?," asserting that "the American kid was being phased out," and that childlessness was becoming progressively more respectable. In February 1974, the National Organization for Non-Parents, which had units in 15 states, held its first annual convention to push the cause of nonparenthood (New York Times, Feb. 4, 1975).

Further evidence of the growing disenchantment with parenthood is found in a national survey commissioned by McCall's Magazine as reported in its November 1975 issue. In response to the question "If you had to do it over again, would you have children?" one out of every 10 parents said they would not. A similar survey conducted in 1965 at Princeton University found that only one out of 100 mothers regretted having children. There has been either a significant shift in attitudes toward children or a significant shift in the willingness to reveal negative attitudes toward parenthood. In any case the 1975 survey indicates a greater acceptability of marital childlessness. This ideological shift is an additional factor in the configuration of multiple determinants likely to continue to keep birth rates low.

Despite these signs pointing to a continuing decrease in births, by the end of 1974 the steep decline in the birth rate between 1969 and 1974 seemed to have leveled off. In fact, the second half of 1974 showed an annual projected number of births slightly higher than 1973. Apparently the larger number of women moving into prime childbearing age was beginning to show its effect (New York Times, March 16, 1975).

Changes in the birth rate of the nonwhite population paralleled those of the white population, but in each case the total birth rate was higher. The birth rate per 1000 white population was 22.7 and 13.9 for the years 1960 and 1973, respectively. The parallel figures for the nonwhite population for these years were 32.1 and 21.9 (U.S. Statistical Abstract, 1976, Table 68, p. 53). (See also Snapper et al., 1975, Table 1.2, p. 64.)

As a part consequence of these differing birth rates, the percentage of the black population increased from 10.5 in 1960 to 11.4 in April 1974 (Social and Economic Status of the Black Population in the U.S. 1974, p. 11). Of somewhat more direct significance to child welfare services is the fact that although white children under 5 constituted only 7.4% of the total white population, black children under 5 constituted 10.1% of the total black population (U.S. Statistical Abstract, 1976, Table 35, p. 31).

Overall, the racial mixture of children reflects generally the national racial distribution. In 1974, when blacks constituted 11.4% of the total population, 14% of the child population under 18 were black, 85% were white (including 6% of Spanish origin), .5% were Oriental and .5% American Indian.

About two-thirds of all America's children lived in the central cities and suburbs in 1974. However, a higher percentage of black and Chicano children lived in the central cities areas than was true of white children (Snapper 1975, p. 3).

Changing demography has implications for changing ideology regarding policies that favor child welfare services. There is likely to be a decrease in pressure to allocate resources to support children's services by virtue of the decrease in the absolute numbers of children in the population. The reduction in the population of children also means that there are fewer parents in the population and parents will remain in an active child rearing status for a more limited time in their life cycle than was previously the case. The most potent political constituency in favor of policies supportive of children consists of parents, who have a potential or active interest in the benefits to them of such policies. A reduction in the size of this group reduces its political influence.

If children are becoming a progressively smaller proportion of the population, the older age group is increasing in size. In 1960 the 16,560,000 adults 65 years of age or older totaled 9.2% of the population. By July 1974 this age group totaled 21,815,000 and constituted 10.3% of the population. By the year 2000, current census estimates anticipate 30.6 million aged, representing 11.5% of the population.

The median age of the total population, which was 28 years in April 1970, had moved up to 29.5 by July 1974, and is expected to reach 31.4 by the year 2000.

Beyond this, there are the imponderables of a fluid economic situation. The total resource pie is not likely to grow as fast in the future as it had in the immediate past, and the competition for more limited available tax dollars is likely to be more intense. The needs of the increasingly larger aging segment of the population are likely to have priority over those of children. This has been true in the past and is likely to be true in the future.

The proponents of policies favoring child welfare services are in an increasingly disadvantageous position of political influence in competition for limited goods and services with politically active segments of the population that are increasing in both proportion and numbers.

Changes in the overall dependency ratio, however, permit a more favorable prognostication. In 1960 children under 18 and considered too young for the labor market, and persons over 65 and retired from the labor market, constituted over 44.9% of the total population. These groups, together, comprised the dependent population who needed to be supported by the population of productive adults 18-64. By 1974 the percentage of the dependent population in the total population had decreased to 42.1%. Although the size of the aged dependent group had grown, the size of the childhood dependent group had decreased (U.S. Statistical Abstract 1976, Table 35, p. 31). There was, and will continue to be, a more favorable ratio of dependent population to productive adults than in the immediate past. This change favors an increased availability of resources for the support of children's services, if productivity of the adult 18-64 age group remains stable or increases.

B. Changes in Numbers of Children at Risk for Service

The total number of children in the population represents the total population potentially at risk for child welfare services. The decrease in the total number of children suggests a future modest decrease in service needs. However, the percentage of children who are high risk for service within the diminished total population of children appears to be increasing. Despite the smaller total number of children, the demand for service is likely to increase. The trend since the beginning of 1970 has been toward an increase in the number and percentage of children living in poverty; an increase in the number and percentage of children living in single-parent families due, in part, to increases in illegitimacy, divorce and separation; and an increase in the number of mothers of young children in the labor force. Each of these changes heightens the risk for need of service for the children and families involved.

1. Infant Mortality

Infant mortality declined in 1974 to a new low for the United States, 16.5 deaths in the first year per 1000 live births. Despite this, the U.S. ranked 15th in the world in the infant mortality rate (New York Times, Jan. 18, 1976). The white infant mortality rate of 14.7 in 1974 was still substantially lower than the rate for non-white children, 24.6. One implication of a lower infant mortality rate, however, is the likelihood of an increase in the number of children who, because of congenital anomalies, present a need for service.

2. Orphanhood

Of the various factors adversely affecting children and increasing their need for service, only orphanhood continues to decline as a problem. A special report in the Dec. 26, 1974, issue of the New York Times was headed "Vanishing Orphanage: A Victim of Changing Times." The report noted that in 1974 children who had lost both parents--the full orphan--constituted less than 0.1% of the population of children under the age of 18. "Like the daguerreotype that once recorded them, orphanages have faded into the memorabilia of another time."

3. Out-of-Wedlock Births

In 1973, the latest year for which data are available, there were 3,137,000 live births, of which 407,000 (12.6%) were out-of-wedlock (Ross, Sawhill 1975, p. 198).

In terms of absolute numbers this was a continuation of the steady rise in out-of-wedlock births since 1950, when 142,000 such births were recorded. More recent local studies in New York and California show a halt and even a modest decline in the number of out-of-wedlock births as a consequence of the greater accessibility of abortion following the 1973 Supreme Court decision* (Sklar, Bercov

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*On June 20, 1977 the U.S. Supreme Court ruled that neither the Medicaid law nor the Constitution requires states to pay

1974). However, it appears that even the relatively widespread availability of abortion has not resulted in a precipitous drop in out-of-wedlock births in these states.

Although in 1973 the number of nonwhite out-of-wedlock births was higher than the number of white out-of-wedlock births (163,000 whites, 244,000 nonwhite) and the rate of out-of-wedlock births per 1000 women 15-44 was higher (11.9 white, 84.2 nonwhite), the percentage increase over time was greater for whites than for nonwhites. Between 1960 and 1973 the out-of-wedlock birth rate for white women increased from 9.2 to 11.9, while for nonwhite women it decreased from 98.3 in 1960 to 84.2 in 1973 (Ross, Sawhill 1975, p. 199).

Higher illegitimacy rates among blacks may reflect 1) higher rates of premarital intercourse, 2) less effective use of contraception, 3) less legitimation of the pregnancy through marriage, 4) fewer abortions, and 5) less adoption, with a higher proportion of single mothers living with their children. There is evidence that all these factors play a role (Ross, Sawhill 1975, p. 80). In addition, artifacts in reporting and variations in stigma regarding out-of-wedlock status may also play a role.

Whatever the explanation and whatever changes are taking place, there is currently a disproportionately large group of nonwhite children born out of wedlock. The problem is of growing importance, particularly for the teenage population. Out-of-wedlock status in this age group has increased more rapidly for both whites

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Medicaid benefits for "nontherapeutic" abortion. This gives each state the option of deciding whether or not to provide "nontherapeutic" abortions at community expense to women who cannot finance the operation on their own. However, now federal matching funds will not be required to be available in such instances, as had previously been the case. Congressional legislation now pending would discontinue Medicaid payments for "nontherapeutic" abortions. It is estimated that Medicaid funds paid for some 300,000 abortions in 1975 at a cost of $50 million. Given the Supreme Court ruling and likely congressional action, states may discontinue providing support for such abortions. As of October 1977, 14 states or jurisdictions such as Guam and the Virgin Islands had already terminated all funds for abortions, and about 28 others were in the process of doing so (New York Times, Oct. 11, 1977). Additional states are likely to take similar action soon. Although the net effect of the Supreme Court decision and congruent congressional legislation is difficult to assess, more unwanted children are certain to be born as a consequence, posing an increasing problem for child welfare services.

and nonwhites than is true for the older age group. In fact, the "number of births to unmarried women under 15 increased by 10% in 1973" (Fleming 1976, p. 67).

4. Divorce

After remaining relatively unchanged between 1955 and 1965, the divorce rate per 1000 population began to move steadily upward in the late 1960s. In 1960 the rate was 2.2. By the end of 1974 the rate had increased to 4.6--the highest national divorce rate on record. "A total of 970,000 divorces were granted in 1974, an increase of 57,000 over the number granted in 1973 and more than double the number 10 years earlier" (Annual Summons, 1974, p. 10). By 1972 slightly more than 1 million children were involved. "The figure reflects a sharp rise in the number of divorces involving children. However, the average number of children involved per decree fell to 1.20--the lowest since 1960--which appears to reflect recent decreases in fertility rates" (Snapper et al. 1975, p. 7).

The increase in family dissolution due to divorce was higher for nonwhites than for whites. Between 1960 and 1970 the percentage of ever-married white women with children who experienced divorce increased from 1.2% to 1.8%--a 72% increase. For the equivalent group of nonwhite women it increased from 1.6% to 3.1%--a 108% increase (Ross, Sawhill 1975, p. 85).

Rapidly escalating divorce rates have been attributed to changing relations between the sexes and related attitudes toward marriage. The greater economic independence of women, the spreading popularity of nofault divorce, some variation of which had been adopted by 1975 in many states, reflected accelerating acceptance of divorce.

Nonwhite families experienced much greater separation rates than white families--0.9% of all ever-married white women with children having experienced separation in 1970, as contrasted with 7% of nonwhite women (Sawhill, Ross 1975, p. 85).

5. Single-Parent Families

There has been a significant increase in the last decade in the number of children living in single-parent families headed by a female. Among the factors contributing to this change have been increases in out-of-wedlock pregnancies, accompanied by a growing resistance to surrendering the child for adoption, and increases in divorces and separations involving children. In addition, growth in rates of labor force participants and greater availability of more adequate assistance payments have increased the potential for some single mothers of establishing independent living arrangements.

As Fleming (1976, p. 60) notes, "The number of children living in families headed by a woman is growing at a staggering rate; it more than doubled between 1960 to 1974. The growth is fastest in families with young children." Since the remarriage rate of divorced women is high, some families are only temporarily single-parent families. But it is predicted that for "children born in the 1970s . . . two out of five will live for some period with a single parent" (Fleming 1976, p. 60).

In 1970, 9.1% of all white families were single-parent, female-headed families, and 4.2 million white children lived in such families. By 1974, 9.9% of white families were single-parent, female-headed families, which included 5.3 million children. In 1970, 28.3% of all black families were single-parent, female-headed families; 2.6 million black children lived in such families. By 1974, 34% of all black families were headed by a single female and 3.2 million black children lived in such families. A much smaller percentage (1.3) of black and white children were living in single-parent, male-headed families--about 870,000 children. Thus, by 1974 about 15.7% of American children--10,005,000 children--lived in a single-parent family (Fleming 1976, p. 59).

Although the largest number of children living in female-headed households were white, a much larger percentage of black children were living in such a situation.

The decline during the last decade in the percentage of children living with both parents was more severe for black children than for white children. In 1965, 91% of all white children were living with both parents; in 1974, 88% were living in such families. In 1965, about 71% of all black children were living with both parents. By 1974 this was true for only 56% of all black children.

The growing disproportion of female-headed families in the black community is beyond dispute. What is a matter of considerable question is its explanation. Out-of-wedlock births, and divorce and separation rates, coupled with lower remarriage rates, all contribute to it. In accounting for higher divorce and separation rates, the most recent and most detailed analysis of the situation found "no difference by race in recent rates of family dissolution after we controlled for economic variables, especially the less stable job market faced by black men" (Ross, Sawhill 1975, p. 87).

The significance for child welfare services of this change affecting growing numbers of children living in such families is that from the point of view of structure and income levels single-parent, female-headed families are likely to be high risk for need of service. Single parenthood imposes a heavy burden of tasks and responsibility on one person. Any significant increase in situational stress, any physical or mental illness that impairs caretaking ability, results in problems in care coverage. This does not suggest that the single-parent family is necessarily inherently pathogenic. Most children who grow up in such homes make a good adult adjustment. It merely suggests that although healthy child rearing can be, and is, accomplished in a single-parent family, it is more difficult to achieve.

6. Children in Poverty

In the late 1960s and early 1970s there was some evidence that we were winning the war against poverty. The percentage of children living in low-income families, although still substantial, was decreasing. This trend has been reversed since 1972. "The percentage of families below poverty level increased appreciably between 1973-74. In 1973 there were 9.5 million related children under 18 in families below the poverty level. Between 1973 and 1974 the figure increased by 8-1/2 to 10.2 million, increasing the overall percentage of children who are in poverty families from 14.2 to 15.5%" (Snapper 1975, p. 10).

Black families and female-headed families have shared unequally in the economic advances made in the 1960s and were more severely affected by rapidly escalating inflation and the increase in unemployment rates of the early 1970s. The percentage increase in family poverty among these groups of families was greater than among white, male-headed families. By 1974, when 7% of all white families were below the low-income level, this was true for 27.8% of all black families, and true for 52.8% of all black, female-headed families (Personal and Economic Status of the Black Population in the U.S. 1974, Table 24, p. 43).

Some of the gains made by black families in the late 1960s began to erode in the middle 1970s. In 1970 the ratio of black to white median income family was 61%; by 1975 this had fallen back to 56%, well below the ratio in 1967 (New York Times, Jan. 18, 1976). This means, of course, that on the average black families in 1975 were trying to make do with $56 for every $100 received by white families. The increased vulnerability for services is obvious.

In 1974, 41% of all black children lived in families below the official poverty standard; only 13% of white children did. Chicano children were better off than children in black families, but considerably poorer than children in white families (Fleming 1976, pp. 22-3).

Despite the clearly disproportionate incidence of poverty in the black community, it must be noted that, numerically, more white children are living in low-income families. Although it is true that most black children are poor, most poor children are white. Female-headed family income is substantially lower than male-headed family income, and the percentage of such families with below poverty-level incomes is substantially higher. In 1974, while median level income for white, male-headed families was $14,055 and for black, male-headed families $10,365, the comparable figure for white, female-headed families was $7363, and for black, female-headed families, $4465 (The Social and Economic Status of the Black Population in the U.S. 1974, Table 16, p. 33). The poverty level threshold for a nonfarm family of four was $5038 in 1974.

Thus, if female-headed families generally are disproportionately low-income families, this is even more true for the female-headed black family. "In 1974 the poverty rate for all female-headed families with children was 51.5%. Among black, female-headed families with children, 65.7% were in the poverty bracket in 1974, as compared with 42.6% for white, female-headed families" (Snapper 1975, p. 11). Only 8.7% of children in families headed by a man are below the poverty level.

Poverty is related not only to race and sex of the family head; it is also related to age of the family head. Families headed by young parents are more likely to be in poverty than families headed by older parents (Fleming 1976, p. 68).

Larger families are more likely to be poor than families with a smaller number of children. Although only 8.6% of the one-child and two-children families are poor, about 33% of the families with six children or more are poor.

Families living in the southern tier of states are more likely to be poor than those living elsewhere, and rural and central city families are more likely to be poor than suburban families.

It should be noted that all figures used here relate to the official definition of poverty, which yields perhaps the smallest estimates. Using a somewhat less restricted yardstick increases the number of children living in poverty. Thus, using the "125%" of "official" poverty, a level which "qualifies families for many government assistance programs," increases the number of children in poverty from 10.2 million to 14 million (Fleming 1976, p. 17).

7. Working Mothers

An increasingly large number of mothers are working. The number of children under 6 with mothers working increased 17% between 1970-1975. By 1975 there were 6.5 million such children. Labor participation rates were higher for female heads of family than for mothers with husbands present, higher for nonwhite women than for white, and higher for mothers in low-income families than those in high-income families.

Each of the conditions cited--out-of-wedlock births, divorce, separation, single parenthood, poverty, labor force participation--increases in some measure the risk of need for child welfare services. The factors are related, so it is unlikely to find one unaccompanied by others--family dissolution and poverty, poverty and mother's employment. If the trends noted here continue, and there is every likelihood that they will, we can anticipate a smaller population of children yielding a higher percentage of children needing child welfare services.

The most recent census available on requests for child welfare services reflects, in the characteristics of clients, the situation outlined in the foregoing. The client group is disproportionately nonwhite, single-parent, female-headed families, living in poverty. Although only 14% of the children in the U.S. in 1974 were black, they constituted 27% of the group of children for whom child welfare service was requested (Haring 1975a, p. 11). "In only a third of the families for whom service was requested was the child or children reported living at home with both parents" (Haring 1975a, p. 13). This contrasts with the 83% of all children living at home with both parents (Social and Economic Status of the Black Population in the U.S., Table 75, p. 111). A total of 33% of the sample of 1924 families requesting service were receiving public assistance (Haring 1975a, p. 16). This contrasts with a national AFDC recipient rate of 5.1% in December 1974 (Public Assistance Statistics, August 1975, p. 3).

The pool of children for whom the child welfare services system has responsibility will increase as a result of social policy changes. Status offenders (truants, incorrigibles, curfew violators) are being diverted from the juvenile justice system to the social service system. It is anticipated that a sizable percentage of such children will become the responsibility of the child welfare system. Further, children in correctional institutions and training schools are being diverted to the child welfare services system under programs of deinstitutionalization.

Balancing the favorable changes (reduction in child population, changes in the child dependency ratio) against the unfavorable changes (increases in family dissolution, increases in poverty, enlargement of the group of children for whom the child welfare services system is asked to accept responsibility) suggests that the burden of service required of the system is likely to increase during the next decade. At the same time, due to reduced strength of the child welfare political constituency in both absolute terms and in terms of relative strength vis-a-vis other competitive age groups in the population, support for child welfare services in the face of increasing budgetary stringency is likely to be problematic.

C. Children Currently Receiving Child Welfare Services

A perspective on need for child welfare services can also be obtained by noting that data on the number of children currently receiving services do not exist nationally. Until 1971 the National Center for Social Statistics made available national data regarding children receiving foster care, adoption, institutional care, homemaker service and day care from "public and voluntary child welfare agencies and institutions." The publication in this series covering 1972 and made available in January 1974 presented more limited statistics and gave national totals covering only 43 states--reports not having been received from such populous states as California, New York, Pennsylvania and Michigan.

An issue of this series publication, covering 1974 and made available in December 1975, contains even more limited data and includes no national totals, due to failure of 14 states to report and incomplete data from other states (National Center for Social Statistics, December 1975).

In addition to this publication, the National Center for Social Statistics also published a separate series giving national data on adoptions. The last publication in this series, covering 1974 and made available in 1976, also notes that "due to lack of data and incomplete voluntary reporting from some of the larger states, totals by state are included, but national totals are not" (National Center for Social Statistics, April 1976).

There are no other publications available that provide national statistics on current or even recent data regarding the number of children receiving child welfare services. The latest data that can be cited are the national totals as of March 1972 from the 43 states reporting (National Center for Social Statistics, January 1974). At that time a total of 3,055,000 children received service, the largest number, 2,624,000 (86%) receiving service in their own homes. Children receiving service under the AFDC program were included in these statistics. There were 245,000 children in foster family homes, 6600 children in group homes, and 65,000 children in child welfare institutions (institutions for the dependent and neglected and residential treatment centers). About 70,000 children were in adoptive homes. Licensed day care centers had a capacity of 656,000 and licensed family day care homes had an additional 165,000 places available, for a total capacity of 821,000.

It should be noted once again that these totals are conservative, in view of the lack of data from the heavily populated states. The unavailability of essential, basic data regarding the children receiving child welfare services is a graphic example of the national attitude toward children's problems and an indication of the difficulty of determining the state of the art.

Although the Child Welfare League of America has attempted to gather such data from member agencies through special reporting projects, the data obtained are necessarily spotty, with limited input from the public child welfare sector.

There are additional statistics regarding the number of children with presenting difficulties that might require service. There are 1,700,000 children who are mentally retarded, 875,000 of whom have received service; 1,400,000 emotionally disturbed children, 556,000 of whom have received services; 700,000 children with learning disabilities, 170,000 of whom have received service (Fleming 1976, p. 82). Visually handicapped, deaf children and crippled children make up a group of 450,000 additional children needing service.

Estimates of children needing service vary with differing definitions of the problem. Thus, estimates of the number of children who are "emotionally disturbed" vary widely according to the definition of the term. This problem, coupled with difficulty in obtaining reliable data, plagues protective services as well.

Estimates regarding the need for protective services vary from 60,000 to 1 million cases of maltreatment of children (Fleming 1976, p. 83). It is frequently "estimated" that 100,000 children in foster care are available for, and need, adoption. Although we have a firm figure of 6.5 million children under 6 with working mothers, we have no way of knowing how many of such children need either congregate or family day care. For a sizable percentage of the group, in-home care by relatives may be satisfactory to both child and family.

National figures regarding the number of children receiving homemaker service are not available.

There is no way of knowing the amount of duplication in the figures cited here. Despite some duplication, the aggregate figure makes an impressive total of children who are receiving, or need to receive, child welfare services. Eliminating the physically handicapped and mentally retarded, there appear to be between 5 million and 6 million children who need the more traditional child welfare services. The other impressive conclusion to be drawn is that although a picture of the dimensions of the problem is available, that picture is blurred, indefinite and subject to shifting boundaries because of the limited amount of data in which one can have firm confidence.

D. Ideological Changes

In addition to the demographic and socioeconomic changes that affect the operation of the child welfare services system, the following ideological changes also have an impact:

1) There is a greater acceptance of the legitimacy of a wider variety of family forms than was previously the case. The heterosexual two-parent family is no longer regarded as the only conceivable acceptable context in which a child can be reared successfully. Single-parent homes are now more frequently regarded as a viable family form. Communal living arrangements, homosexual and lesbian "marriages" and "living together" arrangements are beginning to receive grudging acceptance. The number of children involved in these alternative family arrangements is small, however.

2) There have been changes in the power relationships between clients and child welfare agencies. The intensification of concern with "consumerism," the development of client organizations in public assistance, foster care, adoption, mental retardation, etc., and general concern with client participation in agency decision making have affected the client-agency power balance.

3) Agency-client relationships have become more complex for an additional reason. The client group is more discretely defined currently. The "revolution of rising entitlements" has separated out for explicit consideration the rights of additional groups previously only dimly perceived, and, if perceived, ignored. "Children's rights," "foster parents' rights," are now factors that must be taken into consideration in agency service delivery. There are now more distinctly identifiable parties to the child welfare services relationship.

4) There has been a greater readiness to accept proprietary operations in child welfare. Day care has always had a sizable proprietary component, but currently homemaker services and, more important, group foster care services have evidenced an increase in proprietary interest.

5) Defederalization of programs and increased local responsibility have led to a reduction in federal control, guidance and leadership. One result has been a decrease in the visibility of the child welfare units as separately defined, unique operations (Oliphant 1974).

This loss of visibility and identity of clearly defined child welfare units is confirmed by a more recent study of child welfare services in 25 states that concludes that "the recently federally mandated combination of child welfare services with other social services into a single organization . . ." has led to "the disappearance of a child welfare unit as such" in many states (Peat, Marwick and Mitchell, 1976, p. 111.21). Frequent departmental reorganizations requiring reallocation of staff and the melding of child welfare workers with general social service units, and the development in some states of umbrella human resources administrations, have resulted in the dilution of specialized child welfare services skills and the elimination, in many states, of job classification specifically for child welfare functions.

Even though the voluntary sector of the child welfare establishments has operated independently of the public welfare sector, the voluntary sector was, and is, potently affected by developments in the public welfare sector. The increasing diffusion of control, leadership and visibility of the child welfare services is a significant aspect of the context in which the child welfare establishment currently operates.

6) The general ideological mood appears to be undergoing change. There had been a limited consensus about the desirability and possibility of unlimited expansions. Resources were infinite, we were on our way to solving the problem of supplying human needs, there was confidence that we could solve social problems, and if the politicians could not always be relied on, the professionals in every area could achieve this happy outcome.

There are currently more cynicism and skepticism about the ability of either government or the professions to solve social problems, and serious disenchantment with previous efforts. There is a much greater concern with, and awareness of, the limits of our resources. All this is reflected in the diminished support for new social program efforts and ubiquitous budgetary constraints within which all systems have to operate.

The demographic, socioeconomic and ideological changes are reflected in the changing balance of emphasis among the various services. Adoption service and services for the unwed mother are decreasing, except for special groups such as the hard-to-place child and the teenage single parent. Institutional care services are decreasing. Although demand for foster care services continues to be significant, there is a shift in the locus of such services from foster family care to small-group foster care, which, despite its visibility, currently accounts for only a very small part of the total placements made. Protective services, particularly to abused children, are increasing sharply. Day care is receiving the greatest support and is the most rapidly expanding service.

VIII. PROBLEMS ENCOUNTERED BY THE CHILD WELFARE SYSTEM IN IMPLEMENTING ITS GOALS

Given the definition of child welfare services and its objective in the changing socioeconomic, ideological context, the following are some of the problems encountered by the system.

1) Knowledge. The knowledge base available to direct service practitioners in implementing their tasks is limited. We do not know with any precision how to effect change in human behavior, how to treat a disturbed child so that he acts in a socially acceptable manner; how to help a neglectful parent become more fully responsible. We know only within wide limits the criteria for selecting the best adoptive parents or the best foster parents or the kind of substitute care facility that is best for a particular child. Decision making at all significant junctions is a coarse process dependent on a limited number of variables.

There are whole areas in child welfare for which we lack basic national statistical data--the number of children in need, the kinds of problem they face, the number of people being served, the characteristics of the client population.

2) Resources. Essential resources needed to effectively implement society's charge to the child welfare system are in short supply--good foster homes; adoptive homes for children with special needs; good group foster care facilities; residential treatment centers. Although budgets appear to be generous in some areas, such as day care, they are far from generous in relation to need. In other areas such as adoption and homemaker services budgets are extremely limited.

Hiring freezes and budgeting constraints exemplified by the federal ceiling on social service expenditures will limit personnel and funding resources available to the child welfare services system for an indefinite time.*

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*As of October 1977, no final action by Congress had been taken on Public Assistance-Social Security Amendments for 1977, which include proposals for substantial additional funds for child welfare services (H.R. 7200). With the support of the Administration, the House-passed version of the bill converts Title IVB of the Social Security Act concerned with a variety of child welfare services to an entitlement program at the free funding level of $266 million annually, beginning in February 1978. The previous appropriation

We do not have authorization for enough people to do the job, nor are the limited number of people available sufficiently well trained. Lower caseloads, more adequate training and lower staff turnover rates are needed. This is an old story, but still a true story. Wasserman's (1970) study of the experience of public child welfare workers documents the workers' discouragement and frustration with excessive job responsibilities in the face of limited resources.

3) The intractability of problem situations. The child welfare system is called upon to help after the best institutions mankind has devised for adequately caring for and rearing children have failed--after the family has failed, after the school has failed. The families we encounter have often made previous unsuccessful efforts through friends and relatives, local pastors, etc., to deal with the situation. Strengths have been eroded by years of chronic stress, or capacities have never had a chance to develop adequately in the first place. There is little to build on in many instances. There is little to work with. Every general social reform effort to deal with social problems--Social Security, AFDC--increases the capacity to cope on the part of more adequate families but squeezes to the top, for child welfare system consideration, the least adequate, most disturbed families. A general subjective impression, repeatedly advanced by child welfare workers, is that the families and children we are called upon to help are getting progressively more difficult to deal with. The child welfare system ought to have a more general recognition that it is faced with a large proportion of very difficult, if not intractable, problem situations. There must be acceptance of a far more realistic expectation of rates of possibly successful intervention.

4) Interprofessional competition for child welfare problems. Professional boundaries are permeable and fluctuating. In day care, social workers contend with educators for control of the system, one defining it as a problem in education, the other as a social problem. In homemaker service, social workers contend with nurses for control of the programs, nurses defining the situation that requires homemaker

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for FY 1978 was $56.5 million. In the Senate Finance Committee version of this, however, Title IVB remains basically the same as the current program, but an additional $63 million is added to the FY 1978 appropriation. In both the House and the Senate versions of the bill, additional funds are made available for AFDC foster care, with more generous matching provisions than previous legislation and the Title XX federal ceiling is increased from $2.5 billion to $2.7 billion.

service as a health problem, social workers defining it as a social problem. Lawyers attempt to define child welfare problems in terms of their legal aspects, and there is a growing tendency to replace professional social work decision making by predetermined standard legal requirements and procedures.

5) Accountability. A problem stems from increasingly insistent demands for performance accountability and the consequences of inability to establish the effectiveness of our interventions. It is by now trite to note that this is "the age of accountability." But the potential and actual consequences have not as yet had their full impact. Thus White (1973), in a study contracted for by H.E.W. as a basis for establishing policy guidelines regarding federally supported services for children, evaluates some of the principal activities generally subsumed under the rubric "services to children in their homes"--parent education, parent training, family social casework and parent therapy. He concludes that there is little evidence that such procedures have effects of much consequence. With regard to "family therapy, counseling and therapeutic social casework," he notes that a review of "the evidence and testimony leads us to conclude that such programs have only a small chance of success. When successful, the magnitude of change in the family is generally moderate, and the criticalness of change for the child on the whole is only moderate." (Vol. III, p. 101)

The report goes on to make specific policy recommendations:

> -Do not fund major programs relying on therapy, counseling or therapy-oriented casework in child welfare or social service rehabilitation for families receiving public assistance under AFDC.
>
> -Do not fund training of professionals for therapeutic social casework practice.
>
> -Deemphasize professional credential requirements for those therapy and counseling programs that have not been eliminated. Substitute training requirements and certification of competence based on behavioral assessment (p. 102).
>
> It is not clear that social work . . . require(s) the extensive professional organization that (it) now (has) for the delivery of (its) basic social functions. This is not to deny these social functions. They are essential. It is rather to question the real existence of a profession's specialized competence in these functions (p. 144).

One might question the validity of the conclusions and the justifiability of the recommendations; they are cited here solely as an example of the assessments being made of child welfare services activities by reputable external groups, assessments that present problems requiring a response.

6) Auspices. In addition to challenges from other professions, the child welfare services face a challenge from a parallel structure of services being developed by community lay groups and interested nonprofessionals who question the necessity of credentials for performing social service tasks. The free clinic movement staffed by indigenous nonprofessionals, the "rap" centers advertised in every underground and college newspaper, are manifestations of the human services apparatus being developed outside of social work to perform similar functions and meet similar needs. In child welfare we have seen the development of adoption agencies, for instance, by lay groups that ultimately gained community sanction to offer services in competition with more formally organized services. That these lay-organized programs often perform creditably in innovative sectors is a threat to the credibility of the credentials we regard as essential.

7) Problems relating to the service. The child welfare system itself has been repeatedly criticized for deficiencies in its methods and procedures.

In reviewing the relevant material for this paper, it was disconcerting to note how few of the criticisms about child welfare services are of recent origin. For more than several decades now the literature repetitiously and persistently has identified these shortcomings, each study uncovering again what had been uncovered before. Reading the more recent studies, one gets a strong sense of deja vu.

With disheartening repetitiveness the charge is made that access to service is difficult and discouraging; that service is fragmented, poorly coordinated vertically and horizontally, and discontinuous; that there is an overuse of substitute care services and an underuse of supportive services; that the service offered is often not appropriate to the problem presented nor to the client presenting the problem; that the approach to clients is unnecessarily authoritarian and coercive and the worker's decisions are often arbitrary, and made without regard to a systematic diagnostic assessment of the situation; that children get lost in the system, temporary care becomes permanent care, systematic periodic review of case planning is often neglected, and there is a studied indifference to parental needs once the child has been removed; that the system operates against the achievement of permanence for many children; that large groups of children, particularly the nonwhite and poor, are not adequately served by the system; that the system is unresponsive and inequitable; that it tends to be reactive rather than proactive, responding lethargically only to crisis situations; that there is no well developed systematic program of worker and agency accountability. The available evidence suggests that much of this is true.

IX. SYSTEM GOAL ACHIEVEMENTS

Despite the problems and the deficiencies, it can be said that if the child welfare system is failing particular children and families, it is in general successfully achieving its mission.

A conservative estimate shows that over the last 10 years, as a consequence of the work of the child welfare services system, about 500,000 children were placed for adoption with parents who nurtured them and cared for them as their own. These were children who had lost or never had a home of their own. A whole series of different studies shows the same thing--that the failure rate during the first year of placement as measured by the number of children returned to the agency is an extremely low 2% to 4%, and that 75% to 80% of the children grew to healthy, satisfactory maturity in such homes (Kadushin 1974, pp. 566-70). This is a rate of success for a large-scale, complex enterprise that is rarely equaled.

We have placed an average of 200,000 children in each year during the last decade in foster family homes where they were cared for, temporarily or for long periods of time--a level of care they could not or would not have received in their own homes. For the most part the care was adequate, and the few followup studies available show, once again, a respectably high success rate (Kadushin 1974, pp. 451-54).

And we have cared for 350,000 children during the last decade in institutions for the dependent and neglected and in residential treatment centers, children who for one reason or another could not be adequately cared for in their own homes and in their own communities. If we have not always "cured" the children, we have provided a benign, salutary environment for them for a period of time, during which whatever potentials they had for healthy growth had a fighting chance for actualization.

We have provided protection from abuse and neglect for an indefinite but large number of children who, but for the availability of child welfare services, might have been seriously and irreparably harmed. About 50,000 children served each year by homemaker service lived more securely in the familiar surroundings of their own homes rather than having to face displacement because of some family crisis.

The provision of an acceptable level of nurturance and care for hundreds of thousands of children who could otherwise have been more seriously deprived, more seriously disadvantaged, is a notable achievement.

This is reflected in the fact that the traditional child welfare services have high acceptance in the public's ranking of the total group of social welfare services and are perceived as being a "good use of public funds" (Carter, Fifield, Shields 1973).

In evaluating the overall functioning of the child welfare services system, it is further noted that large sums of public money have been used in a thoroughly responsible manner. Rarely has a system of such complexity and with such a level of funding operated with so few substantiated charges of misuse of funds.

Furthermore, the system has attempted to be flexible and innovative in its administrative procedures and its technical approaches. Agencies have attempted outreach programs, encouraged and supported client involvement in agency programs, experimented with team approaches to service delivery, incorporated large groups of paraprofessionals, made determined efforts to use social action procedures, short-term treatment and behavior modification approaches, and to adapt computer technology to its operations. The system has made efforts to correct identified deficiencies.

X. DIRECTION FOR THE IMMEDIATE FUTURE

One can, with considerable justification, assert that the child welfare services system, as now constituted, creditably performs a clearly defined, significant function in society, affecting, positively, a large number of parents and children and contributing to social stability. Neither the definition of its function, its legitimacy and sanction, its vital importance nor its overall, general effectiveness is the principal point at issue. The point at issue, it seems to me, is that given the importance in the lives of children and their parents of the services performed, the system is not doing well enough. There are serious identified shortcomings that must be remedied.

Our concern is the contribution that has been made and can be made by an essential subunit of the broader child welfare system. This broader child welfare system includes the legal system, health services and educational services. These are the primary concerns of other professionals--lawyers, doctors and educators. An essential part of the overall system, the child welfare services subsystem--the supportive, supplementary and substitute care services--operates under the aegis of, and is the concern of, the social work profession and social workers. This subsystem of the larger system has been the focus of concern here. For the larger system of child welfare to operate effectively, one must have some assurance of the continued stability, vitality and support of the currently established child welfare social work subsystem. The general community and other subsystems in the child welfare configuration--the legal, health, educational subsystem--must be able to operate in confident assurance that the child welfare services subsystem can be depended on to perform its specialized allocated tasks effectively and efficiently.

It is both naive to expect, and undesirable to advocate, support of this child welfare social work system simply because it is already established. The soundest and most defensible argument in favor of its support is that it has the capacity to demonstrate effectiveness and expertise in discharging the task assigned to it by society. That it has demonstrated maximum effectiveness and expertise in the past is open to question. That it must demonstrate such expertise in the future is indisputable for its own sake and for the sake of the larger child welfare system of which it is a sizable and significant ongoing component.

This leads to making explicit the direction in which I think the child welfare social work system must go. It must become less diffuse, less pluralistic in its goals, more concentrated, more specialized, more centrally concerned with the specific tasks assigned to it, so as to develop unquestioned, primary ability to carry out these tasks as best as possible and clearly better than any other group of professionals. If we have responsibility to care for the child in his own home, to preserve that home for his care and upbringing as long as possible, and, when this no longer is possible, to provide the best possible substitute care, then we should seek to do all this so that all other professionals, all other units of the broader child welfare system and society generally, can confidently rely upon us. We should be able to operate foster family care programs, group foster care programs, institutional care programs, own-home program services, and adoptive and protective services on the basis of specialized knowledge and competence that no other group has. The focus should be on the specific and concrete activities that we can perform effectually to assist those children and families in need because of dysfunction in the caretaker-child social role network. Our assignment calls for a rediscovery, a reaffirmation and an intensified concern with those professional tasks that uniquely characterize child welfare social work and accord with what we are supposed to be able to do better than anyone else.

The child welfare system should devote its energies for a time to generating specialized knowledge, correcting its identified deficiencies, upgrading its skills in its defined area of practice. Until child welfare social work establishes such a core base of

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undisputed expertise in a specialized area in which it has been granted hegemony, it will have little credibility in advocating programs of prevention or relevant social policy changes.

Such a prescription is in line with current political realities and the current Zeitgeist, which are likely to be characteristic of the immediate future as well. The electorate is disenchanted with reform efforts, and is cynically skeptical about the capability of professionals and government to solve major national social problems. There is no consensual support for any well developed, coherent program for social reform, and none is being advanced. The electorate is fragmented, with large sectors alienated and frustrated.

The immediate future is likely to be a period of integration and consolidation, characterized by searching for a new departure around which a new liberal consensus can gather; a period during which contending interest groups and constituencies have to struggle merely to maintain their current level of functioning and support. Standing in place will be counted as a victory.

Given the current political situation and the identified deficiencies in the child welfare system, the immediate program should be concerned with tightening up and improving the system, correcting defects and imperfections.

The system has a defined charge; an organizational apparatus has been established to implement it; a cadre of trained, experienced, committed personnel is available. The complaint of the community is not that we should not be doing what we are doing, that we should be doing something else. It is principally that we are not doing what we are doing competently enough, effectively enough, with sufficient regard for the needs and rights of the children and parents whom we serve. This should be a period, then, of internal system consolidation, of efforts devoted to increasing interorganizational integration of the system and intraorganizational administrative efficiency, to increasing technical competence to do the jobs society has assigned the system, and to assimilating the disconcerting changes of the immediate past.

The child welfare services system shares some loss of credibility with the entire social welfare establishment, and professionals in child care share some loss of confidence with professionals generally. Energies and efforts during the immediate future can profitably be devoted to restoring credibility and confidence. We can do this by increasing the efficiency and effectiveness of the services we are offering and by achieving some level of undisputed expertise of child welfare services personnel. Rather than seeking a new system or a new mandate, we need to improve the existing system and to implement more effectively the old mandate.

After a detailed review of the recent history of organizational efforts to effect change in social policy regarding children, Steiner (1976) comes to a somewhat similar conclusion. He notes that the "children's policy most feasible--and most desirable--is one targeted on poor children, handicapped children, and children without permanent homes; unlucky children whose parents cannot provide them a start equal to that provided most children. . . . Ultimately a far more complex universal program may be warranted. . . . Unless and until that case has been made more persuasively than it has been, however, a children's policy will be successful enough if it concentrates on ways to compensate demonstrably unlucky children whose bodies or minds are sick or whose families are unstable or in poverty." (p. 255)

This is, in general, a rather conservative strategy. It calls for a residual orientation to child welfare services, a remediation rather than a prevention focus, a concern with traditional functions, an emphasis on technical expertise and specialization. It is an exhortation to "think small," to focus concern on clearly defined areas of functional specificity. It suggests that the child welfare services system performs a legitimate, socially useful function in response to community compassion energized by public interest and a concern with social stability. It suggests further that although such functions might be performed by others, they are performed best by professional social workers with specialized training in child welfare service tasks. This point of view reflects my assessment of the situation. It is stated somewhat blatantly and unequivocably so as to define the position precisely, in the hope that it will evoke debate. A clearly stated, definite point of view has the advantage of sharply defining a position for acceptance or rejection.

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CURRENT ISSUES AND NEW DIRECTIONS IN FOSTER CARE

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INTRODUCTION

This paper examines the provision of foster care to children in this country as a decision making system. This system is made up of social service agencies in local communities throughout the United States. These agencies interface with courts, with health and education systems, and with residential institutions for treatment or correction of children with manifest problems, as well as with segments within the agencies and their own systems, especially protective services and adoption. Social agencies at the local level, both public and private, have fiscal, supervisory and consultative relationships with segments of their own or related systems at state and national levels that influence, but rarely determine, the manner of making local decisions that profoundly affect the lives of children and of their parents.

Systems do not make decisions; the people who staff these social agencies make them. However, conceiving of the child welfare agency as a decision making system directs attention to the structural and organizational features of the system created to fulfill the agency's objectives and purpose; its interface with other agency systems that share in its general purpose. Most important, this conception helps to locate both facilitators and obstacles to achieving agency objectives that are system related, rather than attributable solely to the skill or ineptitude of individual staff members.

Foster care as discussed in this paper includes all types of substitute care of dependent children away from their own homes, namely, care in foster family homes, children's institutions and residential treatment centers, group homes, and various kinds of treatment-oriented foster family environments. The focus is on the social agency systems and the decision making processes that result in children entering, continuing in, or exiting from foster care; only peripheral attention is given to treatment aspects of foster family care and of institutional or group home care. Although adoption is technically substitute care, it is a final "solution" and is discussed as an alternative to foster care.

Care of dependent and neglected children away from their own homes has been a feature of American society since colonial times. The family pattern described as the nuclear family pattern was the principal building block of the American social and economic environment, and remains the basic structure of our society. Most discussions of children's welfare, including this, are premised on the assumption that the family is the appropriate arena in which to rear children and that any alternative is a substitute. Although there is a point of view that the nuclear family is "the problem" of our society, that argument is not discussed here.

This discussion is projected against an image of the nuclear family that includes the single-parent family but takes little or no cognizance of communal patterns of child rearing, such as a handful of alternative family life style situations around the nation. This statement recognizes the overwhelming dominance of the nuclear family as a child-rearing arena. Child welfare policy is predicated on supporting this family type. The single-parent family is achieving acceptance as a normal, nonpathological, child-rearing environment, and is included within the nuclear family concept.

A history of substitute care in America usually begins with a description of apprenticeship and binding out of orphaned and abandoned children by the early colonists, and passes through the orphanage and almshouse eras toward the time when free foster family homes and finally paid foster family homes became the dominant mode of substitute care. Each mode of child care outside the family must be viewed in the context of the social, economic and political conditions of the time, including elusive but generally held concepts of a child's essential nature. Early records of the auctioning off of orphaned children at colonial town meetings suggest an appalling callousness unless examined against the question, what alternative was available? Children's needs and feelings, and those of their parents, seem to have been continuously ignored in the application of systems of indenture, of warehousing children in almshouses or in orphanages, and by the well-meant efforts of the "child savers" who collected children from the streets of eastern cities for placement in rural homes. Indenture, however, as Thurston argues (p. 10), may have been a better alternative than sending dependent children to almshouses, the orphanage better than indenture (p. 39), or at least better than some cases of indenture.[1] The extended and often acrimonious debate between the proponents of institutional as against foster family care for dependent children gradually quieted into a growing recognition that each mode is appropriate for different children, or for the same children at different times in their development.[2]

Current literature emphasizes the importance of there being available to the child welfare worker a range of resources when she is faced with the decision to place a child away from his own parents, since it is from this spectrum of resources that a selection can be made on the basis of knowledge of the child's needs and of what each resource can provide. The "great resurgence of evidence orientation," of which Wolins and Piliavin speak (p. 35), may eventually place in the social worker's hands the tools to base these choices on information rather than on some combination of intuition, value judgment and availability of a given resource. However, it is probable that foster family care will continue to be looked to first, ahead of institutional care, if for no other reason than that it is less costly. The more expensive group care and institutional care are most typically justified by the social worker's conclusion that no ordinary foster family can cope with a particular child's behavior problems.

In most American communities, an increasing variety of resources has become available to the child welfare worker faced with an out-of-home care decision today, as compared with 1850, 1900 or even 1950. In arguing for enrichment of placement resources to match the child's special needs and problems, I acknowledge that the available variety may exceed the knowledge base on which to make informed choices.

Foster care is provided by child welfare agencies and in some communities through courts to dependent, neglected or abused children. Whether placed voluntarily by natural parents unable or unwilling to care for them, or coming into care as a result of a dependency petition adjudicated by a juvenile court, the most typical children in the foster care system are young (preteenage) and "dependent," in the sense of various decision makers acting in their behalf, than themselves being precipitants in decisions, as older teenage children are likely to be. However, whether the focus is on younger children or whether we include the increasing numbers of teenagers entering the foster care system, usually as a result of conflictual relationships with their natural parents, we must distinguish the dependent from the adjudicated delinquent children. This paper does not include this latter group, even though it is recognized that the needs and problems of teenage delinquent children often become at some point indistinguishable from those of teenage dependents.

This paper examines why the system of foster care has become a retention system rather than a decision making one, and how this "limbo" of foster care has become a focus of national concern because children have languished in out-of-home care, and describes the conceptual reorientation and methodological initiatives necessary if foster care agencies are to better serve the welfare of these children.

FOSTER CARE IN THE UNITED STATES

The Local Community System

At the local community level, a county public welfare agency is the most typical gatekeeping and decision making agency controlling the entry and exit of children to foster care. Voluntary agencies are solely responsible for only about 10% of children in foster care.[3] Public child welfare services, as they have expanded in the different states since the 1930s, are the agencies to be looked to if there are to be improvements in foster care for most of the children who need it.[4]

Although individual staff members who call themselves child welfare workers or foster care workers, or in some instances, probation officers, control the placement decision, many other involved persons influence such decisions or are affected by them. The natural parents of the children who enter care are almost always responsible in some degree for the situations that necessitate a decision on placement. The juvenile court judge is finally responsible for the decision that sends a child into foster care via a dependency petition. Social workers called protective services workers, who may be the same as the foster care workers, may be the true generators of the decision. The child who becomes the subject of the decision may himself have had much to do with creating the conditions that required the action. First- and second-line supervisors and agency administrators directly contribute to the decision environment, if not determining the actual decision.

Behind these sets of actors primary to the decision are community education, social service, health, and law enforcement agencies whose staff members directly influence the decision for any given child. Local political bodies, particularly boards of supervisors, have a direct influence on the character and quality of local services. In a still larger framework and less directly, but still influencing what the more closely involved actors can decide to do, are the political and bureaucratic complex of state government with its laws and lawmakers, appeals courts, public assistance and social services supervisory apparatus, and fund distribution processes that bear some influence upon every decision at the local level. For public agencies, there is a federal apparatus of laws, policies, procedures and agency leadership; and for private agencies, a national membership association that exercises some influence, however remote, upon decisions regarding a child in care.

It is impossible, of course, to sort out the precise influence these sets of actors exert on any given decision. Rarely, if ever, can a decision be attributable to a single actor, or even to a single set of actors identifiable with the court or with the child welfare agency. But within the larger system, the child welfare agency performs the most visible activities and is held responsible for the formal decision.

It is useful to view the local foster care agency as an action system peopled by actors who play various roles and exert varying degrees of influence directly upon each decision affecting a child. Each set of actors is backed up by sets in related organizations and agencies in the community whose influence on decision making is indirect, but palpable. This view helps to locate influence processes and trace their interaction. It helps to perceive sets of actors as humanly limited individuals who interact to produce a decision for which no one person or group is solely responsible.[5]

Applying this model to a given child welfare agency can help pinpoint a kind of "dynamic balance" that leads to a decision--or often to indecision. For example, in my review of cases of children in foster care in San Francisco, there were numerous instances of a child entering care because of the mother's hospitalization for mental illness. After a brief period, with her illness in remission, the mother usually returned to the community and devolved onto Aid to Totally Disabled, a more generous grant program than AFDC. As long as she remained defined as mentally ill, she could receive ATD, and was not likely to be pressed by either the juvenile court or the welfare agency to make a decision about her children's future. Records revealed many explicit cautions not to press a person in such fragile emotional condition. Meanwhile, she received treatment from a community mental health agency, probably prescriptions for psychotropic drugs, and her desires to visit her child were handled sympathetically while the possibility remained that she might get well. It was not unusual that cases remained unchanged for 5 or 10 years.

This example suggests how a number of different sets of actors can achieve a balance of input and of constraints to decision making that yields a condition of "dynamic indecision" with regard to the child's future. No one agency, no one set of social workers, no parent, foster parent or child is at fault or can be held responsible for the decision or indecision that ensues. Yet each is implicated and conceivably could have changed the course of the case. A systems view yields additional conceptual leverage on the decision making process this example illustrates: the problem then becomes one of finding a point of entry to change its direction. However, this dynamic balance can prove remarkably immovable.

Variations Among Local Geographic Areas

Different localities across the nation vary along major dimensions in the way foster care is structured and implemented. Though generalization is difficult, the similarity of end results exceeds the distinctness of differences. Crucial caseload characteristics, such as the average number of foster home placements, average length of time in care,[6] patterns of parental visiting (and nonvisiting), and the movement of children into and out of foster care are probably more similar than different from one local jurisdiction to another.

The incidence of resort to foster care at the local agency level hypothetically should be responsive to the quality and coverage of social services that support family life, namely, family counseling by public and private agencies, homemaker service provisions, and agencies dealing with child neglect and abuse. I know of no study that has conclusively demonstrated such a connection. The incidence of foster care does vary among localities within a state (among California counties, for example) and among states calculated as a ratio of children under 21.[7] It would be risky and probably misleading to make inferences from these crude statistics on the quality of the social services that support family living in a given locality.

In a recent synthesis of studies of foster care in five states published by the Children's Bureau, the author concludes, "Preventive and replacement services are woefully inadequate."[8] This conclusion is based upon an analysis of one or more different studies from each of five states (Arizona, California, Iowa, Massachusetts and Vermont). Although the conclusion seems warranted from the litany of deficiencies in services identified in the various studies, close comparisons among the five states are hazardous because of differences in data collection methods used. Two general conclusions can be made from a review of studies done in these and in other states: 1) The same types of deficiency in service delivery tend to be identified in each state or locality; and 2) The same kinds of remedy are proposed, which might be summarized as a call for better services to families to prevent needless entry of children into foster care, and services to families of children in care to achieve permanent planning.

The National Picture in Foster Care

The most recent data available report 319,848 children in foster care as of March 1972. This total breaks down into 248,512 in foster family homes, 6598 in group homes, and 64,738 in institutions. Hence, foster family care involves about 3-1/2 times the number of children as group care.[9] After rising steadily following an initial drop subsequent to the inception of ADC programs, the number of children in foster care may have leveled off or turned downward in some places.[10] A downturn in California, for example, is due to the falling off in birth rate, perhaps accentuated by the increased resort to abortion. There seems little basis for attributing the decrease to any basic change in the program, although adoption of older children from the foster care caseload is no doubt having some small effect. In other words, the apparent falling off seems due primarily to fewer children entering care, rather than exit being hastened dramatically. New York City does not appear to be sharing this downturn in entry rate. Its newly instituted computerized data system shows an excess of entry over exit in 1975.[11]

The foregoing observations are made with considerable tentativeness because detailed data on child welfare services generally and foster care particularly are lacking or, at best, undependable. California, which is second only to New York State in the incidence of foster care, has recently instituted a statewide data collection system that promises to yield reasonably accurate and detailed status data on foster care--a count of children in care and some of their characteristics,[12] not data of central significance to administrative planning.

For the local agency administrator to know precisely what is happening to children in the foster care system, to enable him to set goals, he must have accurate data reflecting not only entry and exit, but how long each child remains in the system and what plan or conclusion eventuates. He must be able to track the career of each child in care. How many are being restored to natural parents and within what time frame? How many have settled into permanent foster care, and what definite decision, if any, has been made about these children? This is the necessary first step toward improving the operation of foster care systems across the nation.[13] If children enter foster care too easily, remain too long, and exit too infrequently or not at all, it is obviously an ineffective and needlessly costly system, serving children badly. "The foster care system is a bureaucratic nightmare; it serves children badly, and the taxpayer negligently."[14] This statement represents the combined judgment of a group of consultants after a review of seven recent studies of foster care in California. This is only one example of a ferment of national concern about foster care.

Effectiveness is measured by the attainment of avowed goals. The only goal concept that can be inferred from the child placement literature is that foster care is intended to be a treatment service instituted on a temporary basis to treat the socioemotional problems of parents and children. Studies going back to Maas and Engler, published in 1959, have shown that this treatment and rehabilitation goal is both unrealistic and inappropriate.[15] Increasingly the literature reflected acceptance of long-term and even permanent foster care as a realistic and appropriate goal.[16] Acceptance of permanent foster care for some children who lingered indefinitely in foster care systems did not immediately resolve the goal uncertainty. That foster care should be temporary was accepted doctrine, and agencies were slow to consider permanent or long-term foster family care as a worthy goal.[17]

Goal ambiguity is a fundamental problem of foster care systems as a whole. The next section of this paper proposes a reorientation to a single, overarching goal for foster care systems, as prerequisite to formulating objectives against which system effectiveness can be evaluated.

The much discussed "limbo of foster care" is a central concern in this paper. The description of that limbo by Emlen details the systemic obstacles to movement of children out of foster care.[18] With the experimental work such as that by Emlen's colleague, Victor Pike, and our work in California,[19] focused on a more effective technology of decision making, it appears that the limbo is finally being penetrated.

I believe a reduction in the incidence of foster care would follow general implementation of the type of methodological effectiveness described in the latter half of this paper. The drift of children in care has been documented sufficiently by research in a number of states and localities.[18,19] We must now turn comparable research and experimental effort toward describing and testing precise methodological approaches to each aspect of the casework decision-making process in foster care.[20] Until a more definitive and precise technology is elaborated and proved effective, we remain essentially at a descriptive phase in the analysis of foster care issues.

GOAL OF FOSTER CARE

Current Goal Orientation of Foster Care System and Its Consequences

The goal of the 19th century proponents of the foster family, as against the orphanage, for dependent and neglected children was to provide a substitute for the child's own family that would care for him to his maturity. The goal was met when the substitute environment was supplied. The end, a placed child, dominated concern. Gradually concern began to shift to the process by which children reached the state of permanent separation from natural parents, and grew up in foster care.

Thurston, writing in 1930, attributes this shift to Charles Birtwell and the Boston Children's Aid Society in the late 1800s. Attention to children's needs quickly became the hallmark of the developing "science" of child placement. The central concern of the emerging profession of social work, including child welfare, became the necessity of understanding human needs and feelings and responding differently to different emotional needs and the problems. Differential diagnosis and treatment was the central thrust of this new profession.

During the 1930s and 1940s the importance of function in social work was cogently articulated by social workers who drew their inspiration from Otto Rank, a deviant disciple of Freud. The contribution of the functional emphasis to social work theory was greatest in its articulation of the importance of function in rendering foster care and protective services to children.[22] Although functional social work eschewed diagnosis, its insistence on the central importance of the individual client's coming to terms with agency function maintained the focus on the client's feelings and the resultant relationship between the social worker and client, be the client parent, child or foster parent. The social policy question as to the general purpose of foster care, and hence the overarching goal of child placement, was not effectively raised.

The 1950s saw the publication of two books directed to foster care, The Art of Child Placement and Child Placement Through Clinically Oriented Social Work.[23] In 1971, publication of Foster Care of Children: Nurture and Treatment[24] brought the most recent effort to present a comprehensive statement of the theory undergirding the "science" of child placement. The subtitle, "Nurture and Treatment," captures the essence of the goal of foster care, implicit, if not always explicit, in the book. I believe that it expresses a goal formulation that has dominated the thinking of social workers engaged in foster care, an emphasis instigated by Birtwell and continuing to the present. I further believe that this emphasis on providing nurturing and treatment services expresses a continuing misconception about the foster care agency and its fundamental goal. Placement is seen as a tool in treatment; and placement utilized without a goal becomes an end rather than a means.

The Overarching Goal of Foster Care

The goal of the foster care system is to provide for each child that enters it a stable and continuous relationship with a nurturant parenting person or persons. The consequences of acceptance of this statement of the system's goal must be carefully considered, since it represents a departure from the traditional goal of foster care. The main business of the foster care agency is decision making about children's lives, not child care or treatment or therapy. There are, of course, aspects of each facet of foster care work--at intake, in restoration work, home finding and in supervision--in which behavioral change is a specific objective. However, behavioral change is in the service of decision making, not standing alone as an end in itself.

"To provide for each child that enters it (the foster care system) a stable and continuous relationship with a nurturant parenting person or persons" implies that no child is to be permitted to drift in out-of-home placement without a decision that he will either return to his own parents, or be freed from parental custody and control and placed for adoption within a definite time limit; and in instances in which neither of these alternatives is possible and the child must remain in foster family care, that a plan for permanent foster care be described and formalized either in a written agreement or through a guardianship arrangement with the foster parents.

With the goal of achieving permanency for each child, case management within the foster care agency is for a different purpose and of a different character than it would be with the general goal of child care and treatment. A data collection system becomes essential to yield information on the status of each child in care and to track his career in the system. With this data the agency administrator can know whether or not this goal is being achieved, can monitor the movement of children through the system, and continuously ensure that staff effort is directed to the primary goal. Unit supervisors can set up case monitoring systems that will tell the case plan for each child, the time limits for its accomplishment, the elements of the plan in terms of the contribution of each actor (agency social worker, natural parent, child, foster parent, other agencies, etc.) and the consequences (alternative action) in case of nonperformance. And, most important, the agency social worker can be held accountable to a case plan that delineates the contract with each of the case principals, and by which she monitors her own accomplishment in terms of decision making toward specific case objectives that serve the goal of permanency. Planning and decision making are the conceptual opposites of the unplanned drift of children in foster care that has been brought so strongly to national attention by recent research.[25]

The latest edition of Standards for Foster Family Service (Child Welfare League of America, 1975) continues the tone and emphasis of these classics of child placement theory, while failing, in my opinion, to establish a clear image of the essential business of the foster care agency. Section 1.1 "Objectives and purpose" (page 8) of Chapter 1, "Foster Family Service as a Child Welfare Service," is reproduced in its entirety in order to consider if this statement does express a purpose for the foster family service agency in sufficiently unambiguous terms to serve as a framework for setting agency goals and objectives:

> 1.1. Objectives and purpose
>
> The ultimate objectives of foster family service should be the promotion of healthy personality development of the child, and amelioration of problems that are personally or socially destructive.

This sentence states "ultimate objectives" in global and idealistic terms. In place of "foster family service" one could substitute "child guidance service," "residential treatment program," "school social work service," and perhaps other typical children's services or agencies without changing its meaning. Directing foster family service to "healthy personality development" and to "amelioration of problems" groups the foster care agency with agencies that treat children who have problems. These opening lines continue the misconception of the foster care agency's essential business, for which the classics of child placement are faulted.

The next four sentences frame the functions of foster care agencies at a fairly high level of abstraction.

> Foster family care is one of society's ways of assuring the well-being of children who would otherwise lack adequate parental care. Society assumes certain responsibilities for rearing and nurture of children when their own parents are unable to do so. It discharges these responsibilities through the services of social agencies and other social institutions. Foster family care should provide, for the child whose own parents cannot do so, experiences and conditions that promote normal maturation (care), prevent further injury to the child (protection), and correct specific problems that interfere with healthy personality development (treatment).

Only the fourth sentence, beginning "Foster family care should provide . . ." approaches a level of specificity sufficient to base agency goal concepts upon. Again, each of the subsequent three clauses speak to what the agency does for the child *after he is in the agency's care*, hence continuing a "child treatment" emphasis in agency purpose.

The final segment of the objectives and purposes section of *Standards for Foster Family Service* becomes somewhat more directive, but in my opinion, falls short of clear conception and statement. (A number is placed before each statement for reference purposes.)

> Foster family service should be designed in such a way as to
>
> 1) maintain and enhance parental functioning to the fullest extent
>
> 2) provide the type of care and services best suited to each child's needs and development
>
> 3) minimize and counteract hazards to the child's emotional health inherent in separation from his own family and the conditions leading to it

4) facilitate the child's becoming part of the foster family, school, peer group, and larger community

5) make possible continuity of relationship by preventing unnecessary changes

6) protect the child from harmful experiences

7) bring about the child's ultimate return to his natural family whenever desirable and feasible, or when indicated develop an alternative plan that provides a child with continuity of care

The meaning of 1 is ambiguous. It would take on precision of purpose if it said, "maintain and enhance parental functioning _in order to prevent initial placement of the child in out of home care_." Statements 2 through 6 I will not quibble with, despite a temptation to point them more sharply to agency purpose. Number 7 should have come ahead of all others as the most succinct expression of the essential business of foster care agencies. However, it contains two qualifying phrases, neither of which is necessary, each of which effectively undercuts the essence of the statement of the foster care agency's purpose. Consider the very different meaning if the statement read instead: "Return the child to his natural family as soon as the conditions that necessitated initial placement have been removed or reduced; if the family is unable to utilize the agency's service to remove these conditions, within a defined time limit, an alternative plan that provides the child with continuity of care will be implemented."

The phrase "whenever desirable or feasible" in statement 7 implies that the agency social worker holds in her own hands the power to make this decision based on her diagnosis of family functioning. Parental motivation cannot be diagnosed; it can only be judged as a function of the parents' participation in the intervention program developed.[26] This issue is examined more fully later in this paper in the context of social work directed to restoring foster children to their natural parents. The other qualifying phrase, "when indicated," is simply superfluous. An alternative plan is always indicated. That too frequently the alternative is _no plan_ is the essence of the limbo of foster care.

GATES INTO FOSTER CARE

Voluntary and Involuntary Placement

Some children may be voluntarily placed by their parents in foster care as a temporary solution to a family crisis. The danger is that these placements can become a situation of indefinite duration.

A typical example of a long-term voluntary placement: A mother asks a local county welfare department to place her physically handicapped child in a foster home where he can obtain the special care and educational service he needs, since she must work to support herself and her other children. She visits her child on an infrequent basis, and the child continues in care until age 18.

Practice varies from state to state and even within states. Though the mother's application may be voluntary, local policy may require a court order for all children placed by the welfare agency, or a court order if the child remains more than 6 months in foster care.

The distinction between a voluntary and an involuntary placement--one initiated by a petition alleging neglect or abuse--is conceptually significant, but becomes blurred when the parent initiating placement voluntarily must submit herself to a court process. The parent who voluntarily requests placement may feel, however, that she is quite different from a parent who neglects or abuses her child.

Some counties in California have maintained a high percentage of voluntary placements, others few or for only a limited time. The trend in this state seems to be toward requiring court orders whenever public money is committed. In pointing out that the lengths of stay of children entering foster care voluntarily and those entering involuntarily are almost the same, the Legislative Audit Committee studying foster care in California stated that this "suggests the need for an examination of the comparative advantages of the two approaches to placement."[27]

An important, and difficult, theoretical question is being raised, with implications for foster care practice everywhere. Any neat distinction between voluntary and involuntary tends to fade on close examination. In the example cited, it is a voluntary placement until the mother is asked to concur in a court process (often routine), after which it becomes involuntary, even though nothing about her own or her child's life circumstances may have changed. In such cases, what does "voluntary placement" mean in contrast to court-committed child placement?

A key word in the Legislative Audit Committee's suggestion is "advantages." Advantages to whom--the natural parent, the administering agency, the child, or even possibly the foster parent? If there is in fact a movement away from voluntary placement toward court commitment initially or at a later point in the placement, is this a response to identifiable problems in voluntary systems as they have operated? Is it primarily fiscal in the sense of legitimating a claim on public funds? Or are we possibly clinging to a traditional practice in foster care because it carries a label--"voluntary"--that has symbolic rather than real importance?

Insofar as there may be these two approaches to placement in states and localities in addition to California, I think it is important to understand more clearly the real differences between them and the substantive advantages and disadvantages of each. The suggestion of the California Legislative Committee is a call for research.

Statutory Standards for Removal of Children From Parental Custody

The avowed position of the child welfare field, as expressed, for example, in the *Standards for Foster Family Service*, "to preserve and strengthen the child's own family whenever possible" is stated as the transcendent purpose of all child welfare services.[28] The parental autonomy model of child rearing, as sharply contrasted to a trusteeship model in which parents hold their children in trust for the state, is the only acceptable one for this nation. Yet the risk of precipitous removal of children from parental custody is ever present in a society aware of the relationship of parental care to the healthy emotional development of children, a society that has set up the apparatus of courts and social agencies to assure children adequate care.

State statutes setting forth the criteria for removal of children from parental custody are of a similar cast, but typically define neglect primarily in terms of parental conduct or home conditions.[29] I agree with Michael Wald that criteria for termination of custody should be based upon specific harm to the child.[30] Because the statutes focus, as in California, upon parental conduct rather than on specific harm to the child as the basis of state intervention, the court's attention is directed to conditions in the home that may be quite irrelevant.[31] Most particularly, the allegations in the petition to the court in failing to call forth a specification of the harm to the child do not thereby set down exactly what parental behavior must be changed in order for the child to return. The foster care agency social worker therefore lacks a guide to shape the contract with the parents in relation to those parental behaviors, or lack of them, that result in harm to the child.

It is my belief that statutory grounds for intervention following Wald's approach would result in more soundly based removal actions and perhaps fewer of them.[32] But most important, when removal is necessary, specification of harm to the children is a firmer base on which to build a restoration/termination contract with the parents. Establishing this type of statutory base for intervention in neglect and abuse situations in every state code would significantly advance placement practice.

Relinquishment Procedures

The procedures by which parents voluntarily relinquish children for adoption vary somewhat among states. In California, the procedure is simple and direct. A parent can relinquish a child to a licensed adoption agency simply by signing the prescribed form, which when filed becomes final.[33]

In any event, theoretically relinquishment is and should be an alternative available to every parent who places a child voluntarily or who is confronted by failure to be an adequate parent by way of a custody action. However, exceptional sensitivity is required of the social worker to offer or make known to the parent the relinquishment alternative in such a way that it is available to the parent.

It is my observation, based on retrospective review, that the relinquishment alternative is offered ineffectively to parents placing voluntarily or when custody is first taken by court order. In hindsight, it frequently becomes apparent that the social worker should have been more forthright early on in offering the parent the voluntary relinquishment alternative. This observation has been reinforced by Arthur Emlen[34] and his colleagues from their experience in the project in Oregon.

Social workers in foster care should have training in how to offer the relinquishment alternative, based within an agency commitment to the goal of providing stability and continuity of nurturance to every child who confronts the foster care system. Without this goal, training in working with relinquishment will have little impact.

SOCIAL SERVICES AT THE GATES

Introduction

Great vigilance must be exercised at the intake gates to foster care. Recent research, particularly that of Emlen and Fanshel previously cited, of Gruber in Massachusetts,[35] and of others, is illuminating the barriers to the child's return home or to leaving foster care. Services at the intake gates can perhaps best be visualized as a series of alternatives that are utilized as preventives to the child's entry into the foster care stream, or if the child is already entering it, as diversions from the main stream. Social workers at intake need a conceptual image of the community as a resource system, and, concretely, a list of resource alternatives that are "ticked off" before concluding that placement must occur, whether by parent application or court order. These "lines of defense" against overuse of placement follow.

Comprehensive Emergency Services

An old concept, best embodied in the National Center for Comprehensive Emergency Services to Children, Nashville, Tennessee, is receiving renewed attention and elaboration in many communities. Following a detailed analysis of the conglomerate of fragmented services provided neglected and abused children in Metropolitan Nashville and Davidson County, Tennessee, the U.S. Children's Bureau funded a 3-year demonstration project designed to implement the components of a comprehensive and closely coordinated program of emergency services. The objectives centered upon preventing precipitous separation of children from abusive or neglectful parents by setting in motion immediate and orderly procedures to mobilize resources to meet a pending family crisis.[36] The success of the demonstration project led to the creation of the National Center to disseminate information about the Nashville Comprehensive Emergency Services model. It is hoped that, stimulated by the accumulating evidence of the success of comprehensive and coordinated services in meeting the emergency needs of families and crisis, more communities will seek ways to implement this model as it fits their community conditions.[37]

The conditions surrounding the entry of a child into foster care are usually in a dynamic balance easily tipped toward foster care. Any new resource, or even a delay, can tip the balance away from what so frequently becomes for the child an endless tour of care away from his own family. What appears as abandonment, as intolerable neglect, or even an incident of serious abuse may seem less critical with some breathing space, some time out, a brief respite. It seems reasonable to urge development of comprehensive emergency services in every community simply on their potential for heading off breaks in parent-child connections that become more costly to repair once placement occurs. It is possible that cost-benefit analysis can show convincing monetary savings. Preliminary data from the Nashville program are highly indicative, but in view of difficulty anticipated in controlling all the variables, incontrovertible proof may not be forthcoming. I am prepared to accept comprehensive emergency services at face value.

Day Care

The use of day care to provide respite to harassed or overburdened parents seems so obvious a recourse at foster care intake as to scarcely deserve mention. Again my own reconstruction of intake cases suggests a singular lack of imaginativeness in utilizing day care, even where it is obtainable. Apparently, the potential of day care in relieving parental stress, to reduce reliance on foster care, is not implanted in child welfare workers' consciousness. A combination of inservice training and resource development is obviously necessary. This necessity exists in relation to each resource.

Specialized types of day care, such as programs offering day care as a component of family service to parents identified as child abusers, are an interesting refinement of traditional center or family day care, such as centers in which young parents learn child care with their own children in a supportive learning environment with role models who can help them mature as persons as well as parents. However, effective utilization, not simply availability, remains the crucial issue.

Homemaker Service

In any discussion of preventing foster care, the assertion is made that if more homemaker service were available, much foster care placement could be avoided. If this assertion is restricted to the role of homemaker services as part of comprehensive emergency services, it is probably a sound assumption. The recruitment and training of staff for a homemaker service, and in turn the management of an effective homemaker service, are complicated and expensive. It is fair to say that communities have been slow to develop homemaker service because of this. The use of homemakers to avoid precipitous placement is one thing; but homemaker service holds little promise of making a significant impact on the incidence of foster care. Homemakers are a central feature of emergency services to families with young children. In preventing unnecessary placement, their greatest value is in their use as a segment of comprehensive emergency services.

Parent-Child Focused Counseling

Family counseling at the gates to foster care directed specifically to preventing entrance is at once the most important resource and the least available. Although entrance into the foster care system implies that counseling and protective services have been offered in some measure, *effective* family-focused counseling directed specifically to avoiding entry is the most conspicuous deficiency of the system.[38]

Before any child is admitted into foster care, intake social workers should be required to demonstrate that a concerted effort was made to work with the family in their own home. This requirement would include a review of efforts to use alternative resources to avoid placement, and only upon demonstrable failure of these efforts would placement be permissible.

Recent data from New York underscores a national trend toward an increase of adolescents in foster care caseload.[39] Adolescents are usually participants in the family conflict that precipitates foster placement, not simply pawns, as may be true of younger children.[40] With skillful counseling, a plan can be negotiated with adolescents and their parents to avoid placement. Success of the plan will depend upon careful monitoring of their progress in building new and rewarding interaction patterns.

An experimental project of the Catholic Children's Services of Tacoma, Washington, called Homebuilders is having considerable success in diverting teenage children from foster care. At Homebuilders, teams of therapists provide intensive in-home treatment, using a variety of techniques, to families in danger of dissolution and consequent child placement outside the home. In operation since October 1974, the project was recently reported as having served 119 families, including 88 for whom out-of-home care was imminent. Need for placement was averted in 92% of the cases, and followup indicated that 96% of these potential placements stayed in their own homes.[40]

I have been unable to find any research report showing a relationship between availability of family counseling and diversion from foster care intake, except this preliminary report concerning Homebuilders. Carefully designed experimental projects that will develop and test family counseling methods that are effective in avoiding intake into foster care should be encouraged.

Fanshel and Grundy raise serious social policy and planning questions: Can the foster care system, whose major caseload has consisted of the younger and more malleable and easily-cared-for dependent and neglected children, absorb these difficult older and teen-age children?[41] Can the average public child welfare system, which is responsible for meeting this challenge, organize itself to meet the problems and needs of these children and their families? If not--and there is considerable evidence that foster care systems are overwhelmed by the escalating size of this responsibility--what alternative is available or likely to emerge?

Although effective counseling at intake would divert some of these older children from foster care, it may not be a significant number. The social pathology prevalent in our communities that is generating this volume of older children who can no longer be contained by and within their families is an issue of grave concern. Clearly, public foster care programs, as currently constituted, can do little more than divert a small part of the flood. Can they conceivably be "geared up" to handle this group? Greater effort must be focused toward finding an answer.

Neighborhood-Based Environmental Supports

Urban environments usually offer few neighborhood-based programs to support parenting. Social service agencies seem to have developed few successful models, although there may be many around the country that have not been sufficiently publicized. An example of a promising model is the neighborhood family day care system studied by Arthur Emlen and his colleagues in Portland.[42] Another example is Parental Stress Service in Oakland, California, a telephone exchange plan to connect a parent experiencing a crisis with a child to another parent who has experienced, and weathered, a similar crisis.

Perhaps we should seek a way to focus national attention upon different models of parental support services that are neighborhood based, not agency based. Neighbors offer a potential network of support to parenting that should be encouraged, especially since most families live in the anonymity and isolation of urban environments. Such supports can be assumed to prevent foster care, although the connection cannot be established precisely.

Diagnostic Evaluation and Treatment Service

Residential treatment is an expensive form of foster care that by its nature collects into one environment children with the most disturbing behavior patterns. In residence, they have only other disturbed children as models. Also, the break with normal family environment is maximal. The Treatment Alternative Project (TAP) in Massachusetts demonstrated that some children could be kept in their own homes or in foster homes rather than be sent to residential settings.[43] I believe the Children's Bureau should encourage experimentation with various models of TAP aimed toward diverting children from residential treatment. Communities lack sufficient alternatives midway between the coping abilities of a family home environment and a residential center.

Foster Care Agency's Use of Psychiatric Resources

Public foster care agencies rely heavily on private and public psychiatric resources, including the newer community mental health agencies, and to a degree that often serves children badly. Many parents of children in care are post-hospitalization and carry a mental illness label. This alone may necessitate a collaborative relationship with a psychiatrist or mental health agency. If the parent, usually the mother, is receiving treatment, the problem

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mentioned earlier may be created. The psychiatric agency may urge that the child welfare worker not press the mother to make a decision concerning the future of her child in foster care; yet so long as she is labeled mentally ill, she cannot and should not be expected to function as a parent. Meanwhile, the child grows older and less adoptable.

The dilemma is irresolvable so long as two conditions prevail. First, the mental health agency and the child welfare agency proceed as if they had the same goal, whereas in fact their goals should be perceived as quite distinct. The mental health agency is engaged in psychiatric treatment with the goal of reducing or removing symptoms displayed by the parent treated; the foster care agency should be devoted to the goal of continuity and stability of nurturance for the child. The mental health agency's "client" is the patient treated, usually the mother, and its commitment is to serve her best interests; the child welfare agency's client is the child, and its commitment must be firmly centered on serving the child's best interests. The distinction is often a fine one, not easily understood in a specific case situation. Because of its lack of a distinct goal (distinct, that is, from mental health), the child welfare agency goes along interminably with a therapeutic treatment goal for the parent to the great disadvantage of the child who lingers in foster care. Second, and a corollary to this problem, the agency is not able or seems unable to ask the psychiatric facility to give the agency a precise statement, preferably in writing, of how the treatment will effect improvement in the mother's performance as a parent, and within what time frame. The difference in purpose of mental health as against foster care is not maintained with sufficient clarity to coordinate effectively their different goals.

Concern about achieving better coordination between mental health and foster care is expressed here in the context of the discussion of foster care intake. Whether the mental health resource is called upon at the point of intake or at a point later in the child's foster care career, the same concern arises. We might profitably focus this concern by encouraging conferences, research and eventually publication on the relationship of mental health and child placement agencies. The objectives would be not only role clarification but specific guidelines to effective collaboration.

SERVICES TO CHILDREN IN THE FOSTER CARE SYSTEM

Introduction

Once children have passed the intake gate into the foster care agency system, a series of events is likely to occur with respect to their own parents and in their interaction with the foster care system that diminishes the probability of the children's return. Some of these events can be listed. 1) With the parents relieved of the children's care, and the children out of the family system, that system reconstitutes itself into a different structure of relationships that does not include the children. For some parents, having children in foster care can be a satisfactory solution.[44] 2) Though the children may have been removed from parental custody on the basis of specific harm inflicted on them, the ground often shifts to a "best interest of the child" basis in considering return to the parents. In comparison with the typical foster home, most families from which children have been removed will fail this "best interest" test, even though the children would not be endangered by return. 3) Few agencies have a policy that promotes frequent parental visiting, or support such a policy with travel money for the parents if necessary, and a contract with foster parents explicitly detailing their part in promoting parental contact.

Either by a court order or by their own admission, parents of children in foster care have been labeled inadequate or unfit. The agency invests more effort in finding suitable foster homes and in working with the foster parent--child dyad than is devoted to natural parents, reinforcing their feeling that the agency places low value on their continued involvement.[45] Hence the system tends to diminish an already attenuated desire to get their children back from foster care.

Restoration/Termination Decision Making

For children placed in foster care, restoration of children to the parents or termination of parental rights should be the essential core of the social worker's effort, particularly in cases of younger and potentially adoptable children. Wald suggests a 6-month time limit for children under 3 in efforts to reunite the family and a 1-year limit for children over 3, with legal action to terminate parental custody if these efforts fail.[46] Any time limit, of course, will allow for exceptions, but planning for restoration or termination within a time limit requires the foster care agency to make a decision.

Management information system. Most foster care agencies do not have available the kind of caseload data that will give agency administration a basis for planning and goal setting. The cause of this problem is circular. Because the goal of the foster care system remains obscure, planning and decision making are not goal directed and continuous; data are therefore not sought, because neither caseworkers nor administrators are clear about what data should be produced and for what purposes. Often data collected at great effort do not contribute to case management, but only add to disenchantment with data collection.[47]

A simple system of data collection would produce the essentials for case management--the data reflecting basic characteristics of the child (age, race, sex, physical condition) at the time of entrance into care; the case plan at the time of entrance; and the career of the child in care in terms of the fulfillment or change in the initial plan. Agency management needs to know what are the expectations for the different kinds of child in care in order to set goals and anticipate outcomes. Monitoring the time in care and accounting for continued care in each case is the central task of those who would evaluate the performance of foster care systems.[48] The development of a data collection system that agencies could use in case management would be an extremely important contribution to more effective functioning.

Case assessment instrument. The book by Phillips et al., The Model for Intake Decisions in Child Welfare, published by the Child Welfare League,[49] directs attention unduly to parent and child characteristics, rather than to their connection, that is, the specific harm to the child of parental behavior. Foster care social workers too readily use this model in their tendency to see all the problems of the parents and of the children that need attention and treatment, rather than identifying, as precisely as possible, the minimum change essential for the child to be safe in his own home. Use of this model may contribute to indecision.

Stein and Gambrill describe an assessment and problem-selection procedure that helps the foster care caseworker identify those problems that must be alleviated if the child is to be returned to its parents.[50] The "problem profiles" that result from applying this procedure can be used as a source of data as to the type of parental behavior that is the most frequent source of injury or deprivation to children, and, subsequent to interventive efforts, the types of behavior that appear amenable or resistant to change.

Contracting. Case assessment should yield the basis for an agreement with the natural parent as to the specific changes necessary for the caseworker to recommend that the children be restored to the parental home. This agreement is drawn up and signed as a contract between the parents and the agency.[51] Stein has found the willingness of natural parents to sign a contract to be a significant indicator of potential restoration.[52]

Generally speaking, child welfare workers and the social work profession are only beginning to understand the use of contracts to improve their casework.[53] Contracting increases the probability of responsible casework, since a contract specifies not only what is expected of the client, but what services the agency, through the social worker, will deliver.

If the case goes back to court with a recommendation for restoration or termination of parental custody (as would be true for involuntary placements), a written contract gives the court a baseline for determining the parents' and the agency's respective efforts to alleviate the conditions that forced removal initially. In voluntary placements, a written contract at intake makes explicit parental responsibility to the agency that is offering substitute parenting and to the children in care. Contracting facilitates decision making in foster care, and its use should be encouraged.

Risk-taking in foster care. Strong supervisory and administrative support must be given to foster care caseworkers to help them deal with the feelings engendered by their efforts to press parents to make decisions.

Attitudinal shifts by each actor in the foster care system precede the active decision-making stance.[54] We must locate not only the sources of current attitudes, but the incentives that support the behavior that flows from them. A different kind of behavior in terms of risk taking and decision making will not be effected except as different incentives are instituted.

Specialized caseloads. Foster care agency caseloads are currently a repository of many cases that would not be there if the goal of the system and the technology available to it had been those visualized in this paper. Foster care systems now must deal with many cases that are at a point where neither restoration nor termination is any longer a feasible possibility.

In terms of priorities, foster care systems should first develop the vigilant preventive-of-entry stance outlined in the previous section; second, after an analysis of existing caseloads, they should determine what plan reasonably can be implemented for each child, i.e., restoration, termination, long-term care, etc.; and, third, they should formulate a plan utilizing available personnel in accordance with the different expectations for different segments of the caseload. In the larger systems, this would probably mean caseloads specialized to different objectives.

Rebuilding parent-child relationships is the essence of restoration work in foster care. Child welfare workers currently are not well prepared for this kind of work because they lack sufficient professional education in social work. Caseload specialization and special projects focused on restoration or termination help to focus attention and effort. More basic, however, is that foster care systems must first recognize that restoration/termination decision making can be accelerated; then they will seek ways to organize for this objective. Caseload specialization is one method of focusing staff effort and inservice training.

Regular Reviews of Foster Care

A recent study revealed that some type of periodic case review system in foster care is more widespread than generally known.[55] Preliminary analyses of the effect of two different review processes on large foster care systems have recently been published.[56] The fact that review has been mandated in many instances from outside the system is itself a commentary on the way the foster care system works. Ideally, thorough and regular review of caseloads should be a normal operation of the system. Foster care program managers should be developing effective review systems, and not waiting for legislatures to mandate them out of impatience with the problems in the system.

In 1976 the California Legislature passed a bill attacking on several fronts the issue of children languishing in foster care.[57] Most importantly, it sets up time limits for natural parents and agencies to come to a decision regarding the future of the children. It also requires certain data collection and record keeping processes, to enhance understanding of the characteristics of children in foster care caseloads. It mandates additional social services to natural parents. The cost to the state of these new services led to its provisions being implemented, as of January 1, 1977, on an experimental basis, in only two counties rather than statewide.

THE ADOPTION ALTERNATIVE

Introduction

As a remedy for the limbo of foster care, adoption is the best alternative to restoration of the child to his natural parents in seeking continuity and stability of care.

In discussion of foster care, adoption is a central, not a peripheral or minor, theme. To accept adoption as the best alternative to restoration raises the question of its significance in practical, numerical terms. It is not known what proportion of children entering a typical agency caseload (that of a large urban public welfare agency) are likely candidates for eventual return to their natural parents. My own data from San Francisco County suggest that less than one-fifth are expected to return.[58] Data from a different county agency,[59] with a more rural-urban and racially mixed population, show restoration predicted by the social workers for slightly more than one-fourth the caseload; for the other three-fourths, termination with either subsequent adoption or permanent foster care are the anticipated outcomes. Recent data on the New York City system indicate that one child in five is likely to be restored to his parents.[60]

An "anticipated outcome" is a "case plan" expressed in different words. If each child in foster care has a case plan expressing not merely an expectation but an objective, with subgoals for implementation within explicit time limits, decision making is clearly in process. This identifiable plan is a datum that, when assembled for all cases in the foster care caseload, yields a composite picture of the status of case planning and management. These data are the basis for administrative planning, including the crucial issues of goal setting, personnel allocation, and, of course, budgeting. A case planning and a management information system can evolve only in reciprocal interaction. If attempts to develop management information systems are not grounded on case planning, the information system is managing irrelevant or erroneous information. In the same vein, case planning is pointless except as it occurs within the context of a clearly understood goal. The essence of the adoption alternative is planning for permanency.

Identifying the Potentially Adoptable Child

In identifying the potentially adoptable child, it is difficult to keep clearly in mind the situation being examined--the foster care caseloads as they now are or the way they might be if all the conditions of practice were maximal. A caseload that emerged after vigilance at intake and that was then accorded proper restoration/termination decision-making efforts would be a different caseload from the current typical public welfare agency caseload.

For example, in one county's foster care caseload I surveyed, almost a third of the children were under 7 years old, young enough to be considered readily adoptable.[61] Yet this younger group experienced rather infrequent visiting by one or both of the children's natural parents, considering only those children who had a natural parent living within the county and presumably available to visit. Only about a third of these children were visited once in 2 weeks or oftener; two-thirds saw a parent only once a month or less frequently. Parental visiting is an important indicator of the long-term fate of children in foster care.[62] These data suggest there are young children lingering overlong in foster care caseloads. I agree with Fanshel's view that agencies should be required to keep a log of parental visiting to detect the cases drifting in care without decision.

Two additional data from the same survey are illustrative. Almost one-third of the children of all ages in the caseload were deemed by their social worker to have a disabling condition severe enough to affect case planning; but nearly two-thirds of all those in care, regardless of age, were considered attractive as adoption prospects if legally available. These data suggest that more children could be placed in adoptive homes were the system more goal directed toward permanency. Older children and children with a physical problem or handicapping condition do tend to remain in foster care caseloads in the absence of unusual efforts, special training of staff, and the use of adoption exchanges.[63]

The Unadoptable Child

It is difficult to discuss the unadoptable child as a segment of foster care caseloads because of the fear of labeling children, who then are set aside to fulfill the prophecy. It is obvious, however, that many, perhaps most, of the children in existing public welfare agency caseloads, which is 90% of foster care nationally, are not subjects for potential adoption. I emphasize existing caseloads. If all the measures discussed earlier were applied to operation of foster care systems, there would be fewer children lingering into long-term foster care; however, an even greater proportion of those remaining would be unadoptable simply because the adoptable children have been sieved out at earlier points.

For many reasons, including the declining birth rate resulting in fewer young children coming into foster care, the proportion of teen-agers in foster care caseloads is increasing. For example, a New York study predicted that teen-agers would soon constitute over 50% of the foster care caseload.[64] My own surveys in local California counties show that about one-third of the children in foster care are teen-agers, but the proportion appears to be increasing.

Few of these teen-agers will move into adoption; most are likely to have long periods of out-of-home care. Group homes and residential treatment, rather than traditional foster family care, will be the lot of many. Two important points can be raised in any consideration of teen-agers in foster care. One, mentioned earlier, is that some teen-age placements might be avoided through more effective family centered counseling. The second is that some of them are children who have grown up in foster care.[65] Many have been in the same foster home for years. Some have lost any connection to their natural parents, and are for all practical purposes part of their foster family. Some of these teen-agers would see the benefit for themselves and their foster parents in adoption, and would help the agency accomplish termination in order to be free to be adopted. If comprehensive adoption subsidy programs become available in all areas, this point may have real substance.[66] An interesting experimental project could be designed to test the response of teen-agers to adoption by their foster parents.

Statutory Bases for Freeing Children for Adoption

The civil code of California sets forth provisions under which an action can be brought to free a child for adoption. These provisions are directed to licensed adoption agencies that, with the assistance of county counsels, institute actions in the superior courts to free children who are already dependent and neglected, that is, already under the purview of the juvenile court.

The seven distinct bases for action in this code section together constitute a series of potent legal leverages for prying children loose from interminable foster care. They seem to offer all the statutory leverage that any adoption agency could need or want. Assiduously applied, these provisions are adequate to the task of preventing children from lingering in foster care. However, a preliminary analysis of the use of this code section by one county foster care agency in California is reported by Mnookin.[67] His data show that use of the provisions is constricted. Generally only the initial paragraph that speaks to abandonment is being utilized, and the "win ratio" indicates that agencies push only cases in which there is little possibility that the court will rule against the agency. Clearly, steps that go beyond enacting a model statute are necessary.

As the Children's Bureau project to develop a model statute for freeing children for adoption moves toward completion,[68] analysis of obstacles to its full utilization becomes urgent. California's experience with a statute containing many of the provisions that will appear in the model statute should be more systematically researched to identify obstacles to its full utilization. However, the basic reason for limited utilization lies in the lack of a goal commitment; that is, foster care systems are not committed to achieving permanency for children in care. This being so, only the obvious cases (abandonment) tend to be routed to adoption, and even then only when there is little risk of losing.

In his report Mnookin cites data from his own observation of the annual juvenile court review process in one county in California that make an important point with reference to the relevance of the current routine review process to the task of moving children toward permanency. He observed every annual review hearing in the county during a 1-month period (p. 274-275). The pointlessness of the process is suggested by the startling datum that two-thirds of these hearings on 177 cases involving 321 children took 2 minutes or less, only 6% took 10 minutes or more, and the longest, 20 minutes. As to the foster care agency's lack of goal commitment, an analysis of a sample of the written reports prepared by the social workers responsible for the children's cases revealed none that specified what was planned for the child in the ensuing period, or what goals were to be achieved before the next annual court review.

As seen in this one county--admittedly a limited perspective --the annual review process was pushing children neither toward restoration nor toward adoption; in fact, it appears largely irrelevant to the case management theme discussed in the foregoing analysis. The example cited illustrates a general problem of court review. When large numbers of cases that lack a clearly delineated goal and implementation plan on each case are presented, the court is unable to differentiate those that need careful court supervision from those that can be passed over quickly; hence all tend to be disposed of in a cursory and meaningless manner.

A major shift of resources could occur over the next few years, with money now going into boarding home payments shifted to subsidize adoption of children in the foster homes in which they have been living. A project in Illinois demonstrated how this shift was accomplished for 70% of the children involved.[69]

This project also showed that the availability of subsidies made little difference unless there were aggressive and imaginative efforts to free children, coupled with intensive work with foster parents. The Illinois project, focused on hard-to-place black children, is a model of what can be achieved given the availability of subsidies and the determination to use them.

The Children's Bureau has already taken leadership in the promulgation of model adoption subsidy legislation.[70] Projects like the one in Illinois demonstrate the possibility of dramatic accomplishment in moving out of foster care the children heretofore treated as unadoptable, and achieving a monetary saving, to boot.[71]

Recruiting Foster Homes With Adoption Potential

Foster care agencies committed to the goal of stability and continuity of nurturance can be expected to recruit foster homes and place children with adoption an acknowledged possibility. The theoretical and organizational distinctions that persist between foster care and adoption social workers will diminish and, it is hoped, disappear as the child welfare field embraces the commitment to permanency.

A datum from my own survey in a California county suggests this direction. Of 180 children in foster care (close to two-thirds of the caseload) whose social workers believed they would attract adoptive parents if legally free for placement, 120 were already in foster homes the same social workers considered suitable as adoptive homes. Of the 120, the possibility of adoption had been at least raised with 49 of their foster parents.[72]

A commitment to permanency means not only raising the question of adoption with foster parents, but two earlier steps: 1) recruiting foster homes with adoption an acknowledged possibility, and 2) matching children who appear at intake likely never to be restored to natural parents with those potential adoptive homes.

Unwarranted distinctions have persisted between adoption and foster care divisions in public agencies. These organizational distinctions reflect outdated theoretical assumptions. They now operate as systemic obstacles to greater blending of adoption and foster care processes, and thus inhibit movement of children toward permanency.

LONG-TERM FOSTER CARE

Introduction

There are three broadly defined subgroups of children in the caseloads of public foster care agencies that are the subjects of long-term care. These are groups to whom restoration/termination decision making and the adoption alternative do not apply. These groups overlap, but present the agency with different case management problems.

The first group consists of teen-agers who entered foster care as a result of conflicts with their parents. Earlier in the paper the need for expansion of family counseling was discussed as a way to prevent entry, if possible, or negotiate a reunion in some instances. A second group is made up of severely mentally or physically handicapped children. Labeling these children "unadoptable" is avoided, but the fact remains that adoption is not achievable for some children, and sensitivity to the danger of labeling does not make them disappear. The third group are children who have drifted into long-term foster care, but for a variety of reasons, including age, physical or emotional problems, plus lingering ties to ephemeral parents, the press for restoration/termination has become no longer a viable choice.[73]

Guardianship

There is need for experimental projects designed to examine such questions as the following: What does guardianship contribute to the foster parent--child relationship? What are the hazards involved in its use? What role can or should the foster care agency social worker play in encouraging guardianship? In making court reports? In supervising the placement subsequent to guardianship having been set up? Are there case situations uniquely suited to guardianship arrangements?

It is time to update the study of guardianship published by the Children's Bureau in 1949.[74] How extensively is guardianship being used for the specific purpose of adding stability to foster parent--child relationships? Is the achievement of this purpose demonstrable? How are guardianship transactions managed in different communities in terms of the court's reliance on social studies? Do we need model guardianship legislation that looks to how legal guardianship provisions are to be administered by the local courts of jurisdiction? In sum, the statutory base of guardianship must be examined with an eye to the possibility that existing provisions are not being utilized to their limits.

If agencies push restoration/termination decision making more aggressively with natural parents, it seems reasonable to anticipate some increase in foster care caseloads of children who have been freed for adoption but have turned out to be unadoptable. Guardianship arrangements with foster parents offer a protection against the likelihood that some children will become "nobody's children" as dependents of the court.

Long-Term Care Agreements

A formal, signed agreement between the foster care agency and the foster parents can add some stability and continuity to an inherently unstable social arrangement for some children destined to grow to maturity in foster care. In California a Long-Term Foster Care Plan Agreement form is now in use.[75] It is signed by the foster parents, the social worker, and the supervisor and the administrator of the agency. It specifies the understanding between the foster parents and the agency that they want the child to remain in the foster home as a member of the family.

The child welfare agency should be especially sensitive to the rights of the children. It should be responsive to their desire to participate in decisions of such significance to their future. The California services manual on use of this form specifies that children, natural parents and relatives are to be included in planning for long-term care. This could be interpreted to mean they also should sign the agreements. I suggest an agreement form that makes this specific.

Maintenance Activities

This term applies to the continuing work with foster parents and children in long-term care, meaning the cases covered[76] by guardianship arrangements or agreements with foster parents.

There is little in the literature descriptive of child welfare agencies' experience with foster parents and children subsequent to these arrangements. Certainly many cases, once formalized into long-term care, could be more or less permanently banked, with little attention other than to document continuing board payment. These cases could be assembled into larger caseloads and covered in a routine clerical manner. Staff time could be diverted to intake and to restoration/termination decision making.

Although court review may be routinized to the point of consuming little time, both courts and welfare agencies might save additional time by keeping a list in both court and agency of all cases in which there is a formal long-term care agreement. By keeping lists of "maintenance only" cases, the court review would be freed to focus on cases in which a definite plan is being implemented, and skip over the long-term care cases.

Banking cases in any social service agency operation risks the bank's becoming a "vault" for cases that receive attention in severe crises only. It is almost impossible to avoid this. Many cases in foster care caseloads are in fact if not by plan in "cold storage." Routine office reviews or even visits to banked cases give little assurance that problems will be anticipated. Agencies can be urged to search for ways to assure foster parents and children that the lines are always open for re-access, but there is little in the literature that suggests proved techniques to facilitate re-access.

Emancipation

The New York City data show that one-fourth (26%) of the children currently in foster care in that city are destined to be discharged from care to their own responsibility.[77] This proportion seems comparable to the estimates of foster care systems I have studied. Emancipation is a major outcome for children in foster care systems, some of whom will have grown up in foster care, although others will have entered as older children or as teenagers. This proportion might well decrease--how much one can only guess--if agency practice were tightened, but emancipation will be the end of foster care for some of the children currently in or destined to enter foster care.

Social workers in foster care agencies try to make emancipation a psychologically dynamic process. Children are encouraged to look forward to the end of their status as agency wards and to prepare themselves for adult status. The frequency of emancipation as the outcome of foster care suggests that it deserves study in its own right. Are there models of especially effective use of the emancipatory process? Are there methods by which foster parents are assisted to make sure that the emergence into adult status is encumbered by a minimum of psychologically handicapping baggage? These and other questions deserve attention and research.

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OBSERVATIONS ON THE FUTURE OF INSTITUTIONAL CARE OF CHILDREN IN THE UNITED STATES

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The concern of this paper is to provide some rather abstract analytic reference points about institutional care of children and use these for the projection of goals. The goals imply action, but also invariably imply continuous reevaluation. Even those proposals that appear well grounded in data must not be accepted as procrustean beds for the group care of children. Neither the children nor the professions are likely to benefit from such an approach.

There is an East European folktale about a village genius who spent his days chasing the large pendulum on the town square clock. Not being fast enough, he never quite caught up with it. One day the village fool saw these fruitless pursuits and advised the genius to sit down. Together they waited, and the pendulum caught up with them.

Reading again the voluminous materials on child welfare in general and institutional care in particular, one wonders whether the fool's advice is not applicable. The pendular swings are often spectacular when seen across one or two centuries of history--the original fight for and adulation of the juvenile court and its more recent decline, the segregation-integration-segregation themes in foster care and adoption that have been fashionable, each in its own time, the institution as socializer, as treater and as treater-socializer, the periods of undistinguished child aggregates, the drive toward "scientific" classification and now the suspicion (and pressure toward abandonment?) of classification.

Insofar as possible, the pursuit of the pendulum will be avoided in this paper. This will not be simple; it may entail a stance opposed to the common wisdom, a denial of the self-evident "good things" proclaimed in the land. But the various lights in the foster care firmament of today have been seen and extolled and even followed before. Salvation was always just around the corner in the dreams and deeds of Charles Loring Brace, Homer Folks, Charles Birtwell and other leaders of the 19th and 20th centuries. The corner, inexplicably, kept moving away. Yet, these and others were thoughtful people who entered deeply into the issues of foster care, and left a legacy that we must utilize.

ORIGINS AND APPARENT TRENDS

The Children's Institution as a Substitute Environment

The children's institution acquired a distinct form in the colonies about 50 years before the founding of the Republic. Although this did not become the modal form of care of the destitute child for some time, the separation of children from the mixed population of the 18th century almshouse was the beginning of a trend. It was based on the assumption, still prevalent but subject to challenge, that it is in the best interest of the "cared for"[1] to be categorized by age, type and even severity of problem in order to be most expeditiously assisted. In the span of about 150 years, this led to the blossoming of the orphan asylum, which, afte another century and several metamorphoses, is now seen as the residential treatment center, an institution "for certain groups of children who cannot be served by any other kind of facility." (Kadushin, 1974, p. 621.)

It is common to hear these child care forms of yesteryear condemned on a variety of grounds. We are told they were big, impersonal, uncaring and generally costly failures. In fact, little is known of the inner life of these facilities, and less about the results of their ministrations. One thing is certain. Most were not big. (See Marks, 1973, p. 37.) The median populatio of the 624 institutions on which data for 1880 are available was 42 children. (In 1910 the median was 60 and in 1923 it was 46--similar to some current recommendations for optimal institutional size.) Only about 10% of the institutions in 1880 had more than 200 "cared for" and only about 25% had more than 100.

The Inevitability of Socialization

The orientation of these institutions was generally clear and consistent. It could be described as socialization into the normative structures of the sponsoring bodies. Since many of the sponsors were denominational, so too was the institutional intent. This became a major point of recrimination and accusations in a period of "melting pot" philosophy and of increasing emphasis on professionalism. Thus, even in the late 1930s one writer noted that the institutions' "chief influences remained those of the historical heritage. . . . It is charity, church affiliations and education which rule policy, rather than social work treatment of the child." (Social Work Today, 1939, p. 18.)

Although this argument seemed to have vanished as the institutions professionalized their services, a new storm has arisen. The reality remains that institutions are inevitably socializing environments, that this aspect is crucial in relation to children, and that various racial, ethnic and religious groups in this pluralistic society insist on rearing children in their own image. As a major issue in child placement, it cannot be wished away. (See New York City Chapter, NASW, June 14, 1974; New York Times, March 16, 1975, and subsequent comments on the Wilder v. Sugarman case in U.S. District Court.)

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[1] "Cared for" is used throughout this paper to designate children in care, since the American lexicon has stigmatized "wards" and no other convenient label is available for this concept--a matter that clearly requires early attention.

Such issues are inevitable given the contradictory definition of many group settings--they are both home and hospital. As home, they should possess homelike qualities, and these should include, in addition to warmth and caring, a value orientation. As hospital they should be value-sterile except for healing dedication by the professional staffs. Here the dividing line may be noted. The great institutions of the past, e.g., Boys' Town, Pleasantville Cottage School, Connie Maxwell (Orphanage) Home, were homes and schools, as their names implied. They were imbued with religious values and humane devotion. Their mechanism was socialization, which included a ladder of competencies as models and expectations, and a system of rewards. Normalization, as they perceived the normal, was the desired outcome.

They built powerful environments that had the properties Bloom (1964) described as most effective in determining the adult attributes of individuals. These institutions "completely engulf(ed the person) in a situation which press(ed) him from every angle toward a particular type of development or outcome. . . . The extent to which a particular solution (was) overdetermined . . . (made) for a powerful environment" (p. 212). In short, the institutions had a mission and they "knew" how to fulfill it. Using Thompson's (1967) model of organizational effectiveness, we could say that their goals were crystallized and their means certain within their own frame of reference. Gradually, as external forces (e.g. such de-ideologizing developments as public funding, professional credos, bureaucratization) impinged upon these organizations, their goals became more ambiguous and the means less certain. With ambiguity and uncertainty came all kinds of inspirational therapy that acquired, and continue to acquire, authenticity because of their professional garb.

Major Trends

These developments, which began at the turn of the present century, are still unfolding. Several features characterized the move from home-school to hospital. Chief among these were three: reduction (or outright elimination) of ideology; the entry of market forces into care transactions (i.e., the monetization of caring), and the location of the facilities in rural or slum areas. All three are logical correlates of the new image. In the hospital ideology is irrelevant, purchase of service is considered appropriate, and deviance is acknowledged. The trouble is that this version of the hospital model failed to bring with it the "computational" (i.e., highly probable cause-effect) solutions Thompson (1967) has posited.

This is one of the key issues in institutional care today. It affects numerous policy decisions and probably underlies successful group care. There are two approaches leading to crystallized goals and certain means. One derives from ideology and belief, the other from the scientific method and empirical research. Both are probably effective when consistently applied on their own terms. (See Wolins, 1974, and Ayllon and Azrin, 1968.)

Goal 1: Classification of the two modal types. The encouragement of ideological development on the one hand and of sound, knowledge-based professionalism on the other. Severe constraints on pseudoprofessional claims and on the deliberate or even unintentional obfuscation of these distinct modalities.

It should be clear what this goal does not imply. It does not propose the exclusion of objectively based techniques from the ideological-socialization model nor of some ideology, say of healing, from the hospital model. However, these become clearly subsidiary considerations in each setting. (This is discussed later in this paper.)

Particularly problematic is the present arrangement that places facilities on a continuum related to severity of the symptomatology they wish or are able to cope with, or conversely, the normalcy expectations they have. In such a schema, the various forms of group homes come first (family group home, agency group home, and group residence) followed by the child care center, the children's service center and the residential treatment center. (The terminology is all from Mayer et al., 1976, pp. 51-54.) The distinctions by symptomatology are, however, more apparent than real. As Mayer (1976) points out repeatedly, "group care facilities have a kaleidoscopic variety of children" (p. 51). Nor are the distinguishing characteristics reflected in the names by which institutions are called, although these come somewhat closer to reality. The distinction is on a socialization-normalization-hospitalization-treatment continuum, which is reflected in a number of variables. Some of these are:

1) extent of ongoing interaction with surrounding community;

2) similarity of quarters to those of normal families;

3) similarity of roles to those in families;

4) degree of nonmonetization of staff-child tasks;

5) extent of normalcy expectations;

6) significance of peers;

7) proportion of tasks outside of the professional realm (or, more simply, how much the "cared for" are to do for themselves and others);

8) extent of intuitive (rather than prescribed) staff behavior;

9) role of parents as part of socializing experience vs as patients; and

10) attention to whole person or specific ailment.

When the degree of all these factors is high, the setting has socialization attributes. When it is low, the setting is closer to the hospitalization model.

Goal 2: A set of operationally defined descriptions for the various forms of group care. (These should not include any child characteristics.) A factorial analysis of a substantial number of settings (using data available to Mayer et al., 1976) might be instructive and relatively inexpensive.[2]

Institutional Spectrum Today

In spite of the confusing institutional scene, it is possible to picture this world using the data available. These data show several trends:

1) There has been an increase in the number and rate of children in various forms of foster care. The sharp decline apparently attributable to the income-maintenance features of the Social Security Act of 1935 yielded rather quickly to increases due to other causes. Between 1960 and 1974 about one child per 1000 was added to the 3.7 in foster placement.

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[2] There is reason to believe the traditional foster family home fits on one end of this continuum.

2) There is a decline in the proportion of children in traditional institutional care and, in particular, in "dependency-type" institutions, i.e., those intended for children with minor or no disturbing symptomatology. Simultaneously, there has been a rise in the rate in foster homes (an increase of 1.5 children per 1000 in the period 1960-1974).

3) A major expansion has occurred in the newest form of group care--the group home--from a 1970 capacity of 4800 (6000 in 1972) nationally to 6000 for 30 states (excluding the two most populous--New York and California) in 1974.

4) There is now an almost balanced distribution of the group home capability between public and voluntary jurisdictions (about 3000 each in 1972), in contrast to the heavy predominance (4:1) of voluntary over public capacity in the traditional group care arrangements, and an even heavier predominance of the public (5:1) in foster family capacity.

5) Interstate variations in the rates of children in the various forms of foster care are pronounced. For example, in 1974 Illinois had capacity for about 20,000 children in foster family care, 5500 in institutions and 348 in group homes--a ratio of about 57:16:1. At the same time, neighboring Kentucky reportedly had the capacity for 400 children in foster family care, 2250 in institutions and 112 in group homes--a ratio of about 3.5:20:1.[3]

6) Proprietary (independent) facilities are increasingly important in the group home program.

7) A marked increase (258%) in patient care episodes in residential treatment centers has taken place between 1966 and 1971 and is apparently continuing, although firm data are not available.[4]

8) If one large urbanized state gives any national indications, several further observations are also in order. First, although the length of stay in foster care declined somewhat between 1969 and 1973, the mean stay is still somewhat more than half the age for the youngest children (ages 1-9 years) and from a half to

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[3] Items 1 through 6 are based on various reports of the National Center for Social Statistics 1970, 1971, 1972 and 1974; Kadushin (1974, p. 401) and Mayer, et al. (1976).

[4] Data from the U.S. National Institute of Mental Health, 1973.

one-third the age for the older ones (10-15 years).[5] (In New York City the mean years in care for all children in the system as of May 31, 1975, was 5.39, with a standard deviation of 4.71.)[6] Second, the average age of children at entry and in care has increased. This change is due to a dramatic drop in admissions of very young children, attributed to decreasing birth rates and to some extent the keeping of out-of-wedlock infants by their mothers or parents. Finally, the proportion of children admitted because of parental abuse, inability or unwillingness to care rose dramatically in the same period.[5] Also, the proportion of minority children in low intensity group facilities (i.e., those with low professionals/child ratios) is considerably higher than their proportions in the total population or in foster care.[6] This indicates problems of matching facilities and children.

All the foregoing statements must be treated with caution. Although the trends reported seem generally correct, any assumption of precision is unwarranted. Neither is it advisable to accept uncritically any projections based on 30 states' data--or, even more, on one state's data. That it was necessary to cite such data points to another goal.

Goal 3: The production of national statistics on incidence and prevalence of forms of foster care and, in particular, the categories of group care. Although the Fanshel and Grundy (1975) model for data collection and analysis may be too ambitious in any national effort (the most recent attempt to collect data yielded a response from only two-thirds of the states), it is a good "ideal type" to follow.

Two additional observations on definition and counting are in order. The first concerns the usual sequence of events in problem solving. An analysis of problem solving in the helping professions (Wolins, 1970) revealed a rather consistent pattern for problems tackled with a measure of success. This pattern (excellently illustrated in the elimination of retrolental fibroplasia and poliomyelitis) progresses from public, professional and political concern to specification of goals and indicators, to counting incidence and prevalence, to work on causality and, finally, to cause-effect activated programs. Whether this progression is applicable to the problems for which institutional care is the assumed remedy may be too early to tell, but we must begin to define and count more rigorously the several problem and intervention phenomena.

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[5] Data from New York Legislative Commission, 1975.

[6] Data from Fanshel and Grundy, 1975.

Second, throughout the literature on institutional care, one group of children and their facilities are meticulously omitted from the definitions and statistics except in one paper (Gil, 1974). Reference here is to what Mayer (1976) has called "elitist" institutional care, as represented in the private schools with boarding arrangements. A cursory examination of the Porter Sargent Handbook of Private Schools[7] shows perhaps 1000 group care programs of various sizes and for as broad an age range as can be found in the "pariah" (Mayer, 1976) settings. Why these facilities are not included in the national data on institutional care is really not clear. Gil suggests that the basic distinction between these two systems of group care is that the elitist setting is "programmed for success" and the other is oriented toward failure. If this is the case, then Gil is right in calling attention to this marked blind spot in foster care. It may well have important implications for group care planning.[8]

Goal 4: Extension of data collection on group care to include private boarding school facilities and their population.

Costs review of the Handbook of Private Schools raises the possibility of cost comparisons. These elitist group care programs charged (in 1975) board rates of $3500 to $5000 for an academic year (i.e., about $5000 to $6500 for a calendar year). Even the most prosaic institutions, without seriously disturbed children and without treatment, cost more than that (Mayer, 1977, p. 218). It would be instructive to know what generates these cost differences. (See Goal 5.)

Then again, we don't really know what institutional costs actually are. Unlike the proprietary (though rarely flagrantly for profit) private schools, the group care programs for deprived, disturbed and disturbing children need not really have accurate cost data. Their cost computations may include no more than the operating budget and exclude such items as plant depreciation, free goods and volunteered or community supplied services. Furthermore, since the public and voluntary organizations are exempt from local and state taxes, their costs to the public are even further understated. With the foregoing in mind, it is nevertheless helpful to look at available cost figures, even though we cannot guess the proportion of underestimation. (See Table 1.)

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[7] Available in annual editions. The latest used here is 1975.

[8] It has been said that the private schools, as contrasted with the institutions whose populations are counted and reported, deal with "normal" children. Does that mean that all of the others are not normal?

The table illustrates several points. First, anyone desirous of citing a particular number as the cost of institutional care can probably find it reported. All of the figures are from public (or quasi-public) documents relatively accessible. Second, the given figure may not represent what the reader believes it to represent; neither the ingredients nor the procedures for these computations are usually stated. Third, in spite of the near-meaninglessness of most cost numbers, some of the data appear interesting and probably reliable (for example, Allen et al., 1972; Bernstein et al., 1975; Reiff, 1973; Cleveland Federation, 1974). Using these data we come up with 1974 cost figures (for northern, industrialized states) of $1000 to $1500 monthly costs for populations requiring considerable professional intervention. Adding a 15% inflation and wages-and-hours regulations supplements, we come up with $1150 to $1725 as the 1976 monthly costs, or $13,800 to $20,700 a year. This is a pretty penny indeed and, even so, a conservative estimate compared, for example, with the Illinois reimbursement to Browndale, a proprietary organization, of nearly $24,000 per child/year.

Goal 5: A review of available cost analysis procedures for institutional care (e.g., Wolins, 1962; Hylton, 1964; Elkin and Cornick, 1969), with simplification and operationalization of a single procedure. Production of the necessary software for computer processing and simulation of institutional costs for various conditions of geography, setting, service, population and mode of financing.

II. INSTITUTIONAL ENVIRONMENTS AND THEIR CLIENTELES

Setting Types and Children's Attributes

In a logical world run by a benevolent, omnipotent and omniscient authority, there would probably be two models of institutions containing various degrees of intervention capability. One would be based on the theory that development flows from living with good people. Given their extended impact, the psychosocially maladapted would become adapted. Occasionally, the specialist would come, like the rural doctor of bygone days, but would deal only with specific problems, equivalent to setting broken bones or diagnosing pneumonia. This model may be pictured as a large

TABLE 1

Cost of Institutional Service Per Child Month

Source [Suppliers' Reports]	Date	Reported Cost Per Month	Service
Allen et al. New York City	1969	maint. $314-929 soc.serv. 25-382 combined $339-1,311	Voluntary, broad range population
Bernstein et al.[1] New York City	1975	$2,665	General institution, temporary
		1,225	General institution, long term
		1,203	Group residence, long term
		1,156	Group home, long term
		maint. 1,302 Medicaid 357 combined 1,659	Residential treatment center (severely disturbed)
		3,459	Secure detention
Boston Children's Service Association	1973	733	Residential treatment center
Council for Children (Georgia)	1975	150-750	Church-run children's homes
		3,270	Mental hospital children's ward
		3,210	Private psychiatric facility
Cleveland Federation...[2]	1974	951	Mean costs for 11 institutions
Lutheran Council in the USA[3]	1969	750	Mode (12 out of 27 institutions)
Pennsylvania Assn. of Children's Institutions[2]	1971	150-750 Median 459	Report for various institutions (N = 105)

(Continued)

Cost of Institutional Service Per Child Month [continued]

Source [Suppliers' Reports]	Date	Reported Cost Per Month	Service
Rhode Island Council of Cons. Services[2]	1972	480-1488 Mean 971	Report for various institutions (N = 8)
Orchard Place (Iowa)[2]	1972	945	Residential treatment center
Sunny Hills (California)[2]	(?/recent)	1,074	Residential treatment center
USNIMH	1971	930 1,950	Voluntary RTCs, N = 57 Public Psychiatric Hospital for Children, N = 23
Rief et al. (Vernondale)	1973	under cap. 1,926 capacity 1,519	Group residence, phys. handicaps, operated by JCCA, New York City
Mayer et al.	1976	700 925 1,200	Institutions without treatment Institutions with treatment Treatment centers
AFSCME[3] (Pertaining to Browndale)	1975	$1,590-1,980	Proprietary--disturbed children
Colorado Department of Social Services	1975	600- 800	Found cost related to disturbance
Evanston (Illinois) Children's Home[3]	1974	1,125	Voluntary--public contract; type of child not specified

(Continued)

Cost of Institutional Service Per Child Month [continued]

Source [Suppliers' Reports]	Date	Reported Cost Per Month	Service
New York State	1974	127-1,336	Rates paid in six districts

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[1] Exclusive of Medicaid except as shown. Costs are estimates.

[2] Unpublished data.

[3] For detailed references, refer to bibliography.

plateau of varied human behavior. It is high in its expectations and provides a substantial range of experiences. Since all of the surroundings consist of more or less normal life, some safeguards (signposts, fences, occasional walls, etc.) are needed to protect the uninitiated. The professional intervention episodes here are unique, people-changing experiences taking place against a background striving for equality.

Query (1973) gives this description of an "open total institution." Patients who had been hospitalized an average of 16 years in other psychiatric institutions were admitted to a special program at St. Wulstan's Hospital in England. Therapy here went on continuously in the form of normal social interaction in a healthy community setting. Patients were called upon to work constructively, in the factory operated by the hospital, at jobs ranging from pipe fitters to brick and slab makers. They were paid for such work and encouraged to bank earnings in the nearby community. A 1-year followup study of released patients indicated a high success rate of return to employment in the outside community.

In the other model, beautiful hospitals would be built. Staffed with highly skilled specialists, their costs would be high; therefore space would be allocated by severity of the problem. The most problem-ridden would go to the most costly (best equipped) places; the less troubled to the less costly. The trouble-free would be totally excluded, for they could neither benefit nor contribute. This model may be pictured as a series of adjacent steplike surfaces. All begin at the level of a low plateau. Each step requires a different maintenance level (i.e., a plane where all may be treated equally) because the initial deficiency in functioning (or problem) varies considerably. Furthermore, what is the unusual event (professional intervention) in the first model is here the standard. It is necessary to make up each individual's deficiencies on each step so that all individuals may operate on the same maintenance level.

Thormalen (1965) reports on the lowest level of such an instutition in a study of attendants on three wards of a California state institution for the retarded. Attendants focused their contacts with children in the following manner: 37% of time was used in promoting dependent-making behavior, 51% in neither independent- nor dependent-making behavior, and only 12% in promoting independent-making behavior. Children therefore had little opportunity to practice social skills. They generally were not allowed to participate in their own care, and in the few instances where they were trained to care for other children (e.g., brushing teeth), they often had their own teeth brushed by the attendants because that was "easier and quicker." The study concluded that the organizational goals of the ward were in direct conflict with promoting independent behavior.

Another example is the surgical ward in a general hospital. Here also the patients are permitted to exercise little self-care and not allowed to extend help to others. As soon as they become "capable" of doing so they are quickly discharged.

Without the universal authority alluded to earlier, foster care has not arranged itself quite this way. Yet, the assumptions posited in the socialization model are the essence of foster family care (and even group homes and general institutions) and the hospital model is emulated by the residential treatment centers and children's hospitals. However, since little research of consequence is admitted to the conscious spectrum of child welfare planners, and since each model is a hypothetical gamble and only its implementation can provide a test of success or evidence of failure for some types of children, the planners waffle. And so, every type of child is found in every type of setting. Or, as Shyne (1973) has remarked after reviewing this scene, "the children cared for in different types of institutions are not all that different" (p. 109). Pappenfort et al. (1970) and Bernstein et al. (1975) in their data and Mayer et al. (1976) in their analysis report 40% to 60% of the children are located in group care environments that are not fully suited to their needs.

To be sure, this problem cannot be laid just to insufficient planning, poor administration or lack of professional courage. It also lies in the critical shortage of various facilities, their generally poor distribution geographically and the much too limited awareness of (and professional consensus on) the best fit of child and setting. And some observers even believe that this, by-and-large, is a good arrangement. Hobbs (1975), for example, after reviewing the incidence of various problems and the location of children who may have them, concludes "that our several child-caring systems (with their unique professional alliances, vocabularies, mores, categories and labels, and governmental or private sponsors) care largely for the same kinds of children. When extreme cases (of mental retardation, emotional disturbance, blindness, delinquency, etc.) are eliminated, the children . . . are very much alike . . . [and] need very much the same kind of care" (pp. 27-28). This must mean a preference for the first of the two institutional models cited here. (This point is examined more fully later in the paper.)

What must be done? The question, it seems, is whether Hobbs's statement reflects the reality of institutional care (or the reality of foster care as a whole). There are contradicting data. First, about half of the children are found in settings that practitioners believe appropriate. Bernstein et al. (1975) show that 56% of the placements in New York City are appropriate. Second, certain categories of children, e.g., some age groups or racial-ethnic groups, have even higher (up to 77%) levels of appropriate placements. Third, some judgments are undoubtedly idiosyncratic and at best influenced by prevailing predispositions. For example, the New York model is predicated on the assumption that the general institutions will (should) be closed. This automatically places all children in these settings in an inappropriate category. (See also Colorado, 1975.)

Earlier studies (e.g., Briar, 1965; Maas and Engler, 1959) and more recent reviews (e.g., Bernstein et al., 1975; Pappenfort et al., 1970) tend, however, to support Hobbs's conclusion. If this is correct, the field may set itself one of three possible goals: 1) opting for model one with special provisions for the severe cases; 2) opting for model two (as is recommended generally now--for example, Bernstein et al., 1975, Mayer et al., 1976, and others); or 3) planned (or neglectful) obfuscation--as exists today.

Goal 6: A review of available data (and possibly collection of an additional limited amount) to determine authoritatively whether, and to what degree, it is correct that foster care populations are haphazardly distributed among settings of various intensity. A study of the cost and outcome consequences of such a distribution, if it is verified.

For the present, and in the absence of contrary policy, we must tend in the direction of a two-model system. The less disturbing children should go to open, community placements; the more disturbing ones, to intensive institutional settings. This is the main message of "deinstitutionalization" and the thrust of such recommendations as the Bernstein (1975) report. Given that the alternative to this kind of sorting out is the present partly haphazard placement "nonpattern," such procedure is clearly preferable. However, it has two specific implications: 1) every community (as defined) must have a full array ("spectrum," Mayer et al., 1976) of services; and 2) in some manner the proper children must end up in the optimal settings both from the perspectives of individual needs and of the institutions' needs.

As has been mentioned, the present situation is far from meeting these requirements. First, there is a general shortage of facilities, particularly on the two ends of the intensity-of-care spectrum. There are not enough places in agency-operated boarding homes, group homes, group residences and residential treatment centers. (For definitions of these facilities and of the children who require them, see Bernstein, 1975, and Sister Mary Paul, 1975.)

This situation is well documented in New York City, and is probably prevalent nationally. We queried all participants at the 1976 CWLA Working Conference on Group Care in North America about the incidence of improper placements at their facilities. The estimates of 62% of the respondents (N = 67) indicate that this is a serious problem.

Second, the present arrangement tends to discriminate against disadvantaged groups. In the judgment of the 1976 conference respondents, minority and low income children who need group care are often missed entirely by the system. Also, as Bernstein (1975) shows, and as was argued in the Wilder v. Sugarman litigation (see O'Neill, 1974), certain minorities are much more likely than whites to be in improper settings.

Third, the assumption of specialization, requiring as it must a wide spectrum of facilities in every community, will also require either a high rate of expenditure per taxpayer or a large geographic area where population densities are low. The first alternative is indefensible either economically or politically. The second is problematic because it must restrict the process of normalization and of work with parents, which are assumed requirements for returning the child home.

Fourth is what we may call the collectivist-individualist dilemma. Collectivists believe that institutional populations should be so composed as to maximize the benefit for all group members. This might be done at a disadvantage to some. Individualists believe that each case should be judged separately and its options optimized. Sister Mary Paul (1975), who prepared the prescriptions for the New York City study, takes the second approach. So do most child welfare professionals today. The implications this approach has for the inner and surrounding environments of group facilities are probably negative, but at best unknown.

Goal 7: A determination whether the four reservations cited to the present spectrum-of-services approach are supported as hypotheses; if they are, finding remedies to the problems in order to make the spectrum approach universal; alternatively, if the obstacles to the spectrum approach are too severe, the devising of an alternative model.

Any illusion that removal of obstacles to the spectrum of service is a simple matter is dispelled by studying the Wilder v. Sugarman case. Here, well intentioned lay citizens and professionals were found on both sides of the issue.

At the heart of this question, which the NASW New York City Chapter generally identifies as discrimination, are two issues:

the right to equal treatment (as guaranteed by the 14th Amendment) and the rights of individuals to the recognition and nurturance of their social (cultural) identity. The latter concern was the primary reason for development of sectarian child welfare services. It was recognized about a century ago by the protagonists in the fight between Charles Loring Brace and the Catholic Archdiocese of New York. (See Wolins and Piliavin, 1964, pp. 12-13.) Various minority groups demanding social services with their own ethnic components speak to this issue. (See Jenkins and Morrison, 1974; Billingsley and Giovanoni, 1972.) As the latter have written: "A system designed to serve black children must have not only an historical perspective and a social perspective, but a black perspective. The black child must be the central focus of the system" (p. 5).

Why is equality alone insufficient? No one is suggesting segregated hospitals, stores or transit systems, but the very victims of segregation (blacks, Chicanos, Asians and others) are requesting something like this in child welfare. The answer is clear--socialization for a child means acculturation. All child welfare agencies are therefore acculturative instruments. Every cultural group wants to, and in this pluralistic society has the right to, acculturate its own children.

Goal 8: Development of procedures that provide group care for all children who need it, allowing for equality of opportunity for care while respecting the cultural identity of children involved and their right to be reared in the specific milieux of their heritage.

Such a goal will require careful use of public funds in the development of local child welfare policy. Since the structure of group care is rather fragile and depends to a large degree on good will and devotion, no legal dictates or fiscal sledgehammers are likely to be effective. As Federal District Court Judge Johnson has observed, "The most abundantly financed prison or mental health system imaginable will fail in its purpose if those responsible for delivering the personal services fail to act with dedication and compassion" (1975, p. 346).

Channeling of children into foster care requires comprehension of and empathy for a complex mosaic. The needs of a specific child, a child-caring agency and a concerned community must be weighed. At times they are in conflict, as noted earlier. To make speedy decisions with least error, a centralized forum is unavoidable. Joint planning and intake bodies developing in various localities should serve as models for study.

Goal 9: Encouragement of a limited number of communitywide models of foster placement (and, in particular, group care), and evaluation of the effectiveness of the various models in caring for all who require it, to reduce drifting of children in limbo and to reduce the proportion of incorrect placements.

Some major issues in group care

As to group care, it is possible to isolate some of the specifically institutional aspects of "treatment," and several others that, though crucial to the group care environment, are to be found in "outpatient" settings as well. First, regarding the context within which service delivery occurs: Mayer et al. (1976) refer to this as the "continuum of care," which includes "at least seven major pre- and post-placement services and nine variations of placement services (not counting adoptions)" (p. 47). The pre-placement services are intended to prevent placement or to prepare the child and family for placement.

Such an impressive array may be present in a liberal, well-to-do, metropolitan area and be unattainable in most others. What is essential is to set priorities, since without them energies may be diffused and service ineffective. In group care, assessment of child and family attributes must precede placement and a supportive familial-social matrix must follow it if major failure is to be avoided.

A second concern is the matter of assessment. Although stigmatizing classification of children is generally decried and to be avoided, the evidence on the effect of labeling is inconclusive (Hobbs, 1975, pp. 37-41). What is certain, however, is that an absence of description foils individual and communal planning. To quote Kramer (1975, p. 79): "Diagnosis and classification pose a dilemma. . . . They are needed (for) planning, administration, delivery and evaluation (of) . . . human services . . . (but) may result in an individual's acquiring a label that can, and often does, have a serious effect on his opportunities for education, housing, employment."

A review of available evidence on assessment (to avoid the term "classification") indicates that it is essential and must be undertaken. To reduce risks, two procedural steps appear indicated: 1) multiaxial description, and 2) the labeling of symptoms, but not of persons. (Ruptured appendixes, violence, delusions are bad, but their possessors are merely unfortunate.) These suggestions imply the development of a profile for each child in the context of his/her familial and environmental situation. "The profile should be the basis for specification of treatment objectives and of time limits for accomplishing goals agreed upon by all who are party to their realization" (Hobbs, 1975, p. 105). With two modifications, this statement embodies the essence of the next goal. It would be preferable to use a neutral term for "treatment"--perhaps "change" --and to add cost estimates to the limitations on time.

Goal 10: Steps to produce, operationalize and "merchandise" a multiaxial descriptive schema for children heading into group care, the dimensions to include physical well-being and growth; cognitive development; psychosocial condition; level of moral judgment; situational values; manual skills; and intellectual skills (see Bayduss et al., 1972), and the devising of a procedure to match expectation to the level of the cognate individuals and environments in the child's world.

The author's inquiry at the 1976 Conference on Group Care as to the allocation of 100 hours of assessment time among nine variables produced the following response pattern from 67 institutional specialists (mainly directors):

MEAN HOURS (OUT OF 100) DEVOTED TO ASSESSMENT
BY TYPE OF GROUP CARE PROGRAM

Attribute Dimension	Residential Treatment	Mixed	Group Home
1. Emotional adjustment	19.2	20.2	15.7
2. Social integration	18.6	19.8	17.2
3. Intellectual skills	13.9	11.9	11.2
4. Social values	10.4	11.2	13.2
5. Self-fulfillment	9.4	11.6	13.4
6. Physical growth-health	8.8	7.2	11.5
7. Abstract reasoning capacity	8.3	7.5	7.0
8. Manual skills	7.3	6.7	6.0
9. Morality	3.7	4.9	4.8

Possibly, the distribution is an "ideal type"--what the respondents would hope to do, rather than what is actually done within the agencies. The 33% to 40% time shown as given over to the psychosocial is probably underestimated, while the allocation of time to items 7, 8 and 9 is probably overestimated. Nonetheless, there is a receptivity to this kind of thinking, ripe for determined ideological and methodological leadership.

A third concern on assessment is the level of intervention. Two matters are of particular significance in foster care and especially in group care--symptomatic intervention and work with parents. In situations of close proximity and considerable sensitivity such as foster care, certain symptoms can be the undoing of effective work. Enuresis, tics, head-banging or kleptomania, even when not particularly troublesome to the "cared-for" or "carers," are troublesome to others nearby. These others reinforce the symptom and enlarge on its implications, requiring, in many instances, the removal of the symptom-bearer. This alone suggests the importance of symptomatic intervention. Yet, there may well be another reason, even more important--namely, that the symptom is the problem and not a sign of it.

However that may be (and at the moment no resolution of the matter is probable or essential), two conceptual obstacles generally stand in the way of symptomatic intervention: the question of availability of an effective methodology and the specter of symptom substitution. Concern over either obstacle does not seem justified. We have completed a review of several hundred instances of short-term, specifically symptomatic interventions based both on psychodynamic and behavioral models of treatment. Most are successful to a considerable degree and for a broad range of symptoms. (It should be noted that careful researchers always compare their findings with the extent of spontaneous remission, which is reported to run between 25% and 60%.) Two recent and carefully controlled studies in symptomatic intervention using both methodologies give an edge to behavioral therapies (Paul, 1966; Sloane et al., 1975). This is particularly true in the former study with regard to symptoms and in the latter in regard to improvement in work and social adjustment.

Symptom substitution? Not a sign. Of the 94 patients treated over a 4-month period in the Sloane et al. study: "Not a single [one] whose original problems had substantially improved . . . reported new symptoms cropping up. On the contrary, assessors had the informal impression that when a patient's primary symptoms improved, he often spontaneously reported improvement of other minor difficulties" (p. 100). Given this and similar analyses (for example, Grossberg, 1964; Ullman and Krasner, 1969; Beech, 1969), it seems time the question be laid aside. In spite of the warm comfort it must have given many therapists for years--why else would they hold to it so dearly?--this assumption has no empirical support, and causes too much pain. It should be abolished unless evidence is supplied to the contrary.

Goal 11: Laying to rest the hypothesis of symptom substitution and encouraging specific, symptomatic intervention with clearly identified change objectives.

Should institutional care include work with parents? This, more than any other issue, poses the great dilemmas of institutional care. Let us begin with an easy affirmation. Working with parents is, obviously, good. Not only does it make everyone feel good, but it seems to affect outcome positively. This is succinctly stated in a report: "High parental visiting was significantly associated with the discharge of children from care. Investment of casework time in a family was linked to a higher level of visiting" (Fanshel, 1975, p. 493). So impressive are the study's data and their implications that Fanshel recommends that agency logs on this subject be mandated by state law and carefully monitored as part of the licensing function (p. 513).

The return home is related not only to work with the parents, but to successful postplacement adaptation. Extensive and intensive work with families is supported by the findings of Taylor and Alpert (1973), who recommend that "the family as a unit should be the key participants in decisions about placement, visiting and discharge planning, as well as take part in working closely with child care staff." (p. 52) For further support of this position, see Groeschel (1972).

There appears to be considerable professional support in this direction. Our New Orleans inquiry produced virtual unanimity on the need to involve the family in the group care process. Over 80% of the 67 respondents consider this very important or essential. A similar position is reflected in a survey of residential treatment centers, with 85% indicating collateral work with parents as an available service (USNIMH, 1974). Recently, group care programs have required formal treatment contracts in which parents obligate themselves to participating behavior (e.g., the Albany Home for Children; the San Diego Center for Children).

Where, then, is the dilemma? It is in the large gap between intention and reality. The difficulty is already evident in the responses to our inquiry. Only 30% report being successful or very successful in obtaining the desired involvement. Some data may explain part of the difficulty. Various studies, mostly in New York City, report the following:

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a)	Negative or very negative attitude by child toward family	70% of cases (Johnson et al., 1974)
b)	Geographic mobility of mothers	80% changed address in 5 years (Jenkins and Norman, 1975)
c)	High proportion of familial disruption and disability at placement	about 50% (Colorado, 1975); 68% (Fanshel and Grundy, 1975)
d)	Low proportion of "discharge to parents" as objective	20% (Fanshel and Grundy, 1975)
e)	High proportion of "parent reason for placement" (i.e., placement not due to attributes of child)	about 53% (Fanshel and Grundy, 1975
f)	High proportion of parental unwillingness to care for child	about 35% (Bernstein, 1975)

Given these data, it is not reasonable to expect a high rate of family involvement. Hylton (1964) showed only about 1% of cost in 11 residential treatment centers as allocable to work with the family. Recent data appear more encouraging than Hylton's. Colorado (1975) shows an involvement rate of 47% to 71%, depending on type of institution. Fanshel and Grundy (1975) show "supportive casework" as provided in 25% to 48% of the cases, depending on age of child and duration in care. (Other services are also provided, but in some categories the terms "none," "unknown" and "unreported" were used for services in 50% of the cases.) Furthermore, the unwillingness and inability to care apparently persist. Bernstein (1975) reports progressively higher proportions for these categories from the first until the 10th year of foster care (Table 10).

In the light of the foregoing, a relatively low return rate to the familial environment is to be expected. Colorado (1975) shows 40% to 50% of group care children as returning to parental homes. St. Louis (1973) reports 55% of returns in 1972. It is therefore irresponsible to say that "we need to rewrite our child protection legislation and our family court legislation and make it illegal for a parent to be disenfranchised" (Brown, 1974, p. 5). On the contrary, our actions should emulate those of New York State or California, which require periodic court reviews of all children in foster care and mandate action in each case either to continue in care, return home or plan for adoption (McKinney's, 1966 updated; California State Senate Bill No. 30, 1976).

Several difficult decisions result from this complex situation. First, given the desirability of working with parents, what should be done in cases where this is not feasible? Second, how may those cases be selected early so that alternative plans may be made? One solution is to insist at the start on a treatment contract, but this might preclude development of constructive parent-agency relationships that might eventually lead to the contract state. Third, what is to be done regarding family-type ties for those who remain in foster placement without parental attachments (whether designated for adoption or not)?

Goal 12: An early placement plan for each child that specifies the desirable and feasible extent of parental involvement, foster care settings to be used, and locus of discharge.

Subgoal a: Development of predictive criteria for family involvement.

Subgoal b: Development of licensing requirements for review of family involvement.

Subgoal c: Gathering time and cost data to review extent of work with families.

Subgoal d: Factual determination of proportions of group care children returning home.

Subgoal e: Permanent placement settings for all children not returning to their families, with the objective of reaching as rapidly as possible planned, stabilized situations, not precluding group living as an acceptable alternative. (Many of the million runaways each year in the U.S. [National Youth Alternatives Project, 1974] are somewhat reminiscent of Makarenko's experiences in the U.S.S.R., and may well prefer non-familial arrangements.)

Maintenance and People-Changing

In group care, or any form of foster care, there is a separation and intermingling of two identifiable purposes: maintenance and people-changing (Miller and Pruger, 1975). Many would deny that these two purposes are separable, and even more would deny the defensibility of the former without the latter. Nevertheless, separating them here may prove analytically useful.

Maintenance has as its objective the achievement of equality among all the cared for in a group program. The ideal is to require that every member be raised to a particular level of setting utilization (e.g., go to classes, eat in the cafeteria, see the social worker, care for personal living area, etc.). This equality expectation will always be high in the first institutional model mentioned earlier, and usually substantially lower in the second model described. Above the maintenance base, both models may engage in people-changing activity. However, this occurs only rarely in certain settings on both ends of the capability continuum. "Normal" individuals are not selected for changing, and neither are the severely debilitated or aged. (No assumptions are made about the maintenance level. It will be measured by the adequacy criteria a society demands.)

However, the question that must be posed applies not to the extremes but to the central regions of the capability distribution. Is it appropriate to have no people-changing activities there? Is "mere" maintenance an acceptable function for any group care program? I am inclined to answer affirmatively for two reasons: 1) the high rate of spontaneous remission for some types of problems and the marginal difference (if any) some therapies can be shown to produce; and 2) the high incidence of adolescents, in particular, who opt for extra-familial living.

Goal 13: A review, analysis and assessment of the possibility that "mere" maintenance in a group care program may be justified under certain conditions.

Resource Requirements of Group Care

Group care, like any serious program of social melioration, requires its own knowledge base. The absence of organized theoretical work in group care and the lack of clear theoretical formulation with supportive evidence are serious detriments. It is possible for theorists such as the author to address many different issues and arrive at diametrically opposed conclusions. The pursuit of a knowledge base must be an objective. In spite of the drive toward deinstitutionalization, group care in some form or forms will continue. Basic questions in the development of a knowledge base include many of those raised in this paper, for example: 1) the meaning and utility of the "powerful environment" concept suggested by Bloom (1964), Bronfenbrenner (1974), Feuerstein and Krasilowsky (1974), Wolins (1974)[9] and others; 2) the specifics of maintenance and people-changing as expressed in group care; 3) the relative merit

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[9] The papers by Bronfenbrenner, by Feuerstein and Krasilowsky, and by Wolins may all be found in Wolins, 1974.

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of mixed versus symptomatically and otherwise similar populations in group facilities; 4) the unique role of staff in residential care; 5) binary (i.e., those separating the inmates from staff (Goffman, 1961) and continuous structures in institutional settings; 6) the "Cottage Six syndrome" (my term for the conversion of carers to the norms of the cared for) (Polsky, 1962) and its implications for constructive people-changing. Other significant issues can easily be listed.

Goal 14: Establishment of a unit with specific concerns in group care, which not only promotes research but acts toward development of data-based theory and its application in practice.

One of the major theoretical but also practical issues in group care pertains to the role of staff. A rarely asked question should be addressed first. Who is a carer? The carers are increasingly defined as those who draw a salary. A careful look at any intimate environment, be it institution or family, reveals the inadequacy of such a definition. In every group care setting (even against efforts of "staff" to prevent such role diffusion) all members fill the roles of carers and cared for. To be sure, staff are mainly those helping and patients (inmates, wards, etc.) are mainly those helped. In a classical asylum (Goffman, 1961) or a community hospital deliberate attempts are made to produce a "binary structure." In others (e.g., the therapeutic community models) the line is obscured by design or neglect.

To return to the two models of group care: in the first, the bulk of professional effort is invested in arranging the milieu; in the second, most of the effort is in direct treatment of individuals. The former requires a ladder of competencies composed of all members of the group care community, into which the cared for and the professionals both fit. (See Stotland and Kobler, 1965.) The latter model requires maximally trained and skilled professionals who by virtue of expertise will impact on the cared for. (See Stanton and Schwartz, 1954.) Obviously, the pure type of this dichotomy is hard to find, but the distinction is useful in discussing two issues: a) whether the various categories of personnel need be different in institutions than elsewhere in child welfare, and b) the professionalization of child care staff.

The first model requires an integrated team in which professional roles are subordinated to the general theme of the program. It must overcome the type of diverse perceptions found by Sternbach and Pincus (1970) and the conflict between the child care workers and other staff noted by Piliavin (1963). Furthermore, the most helpful staff in such a setting are those immersed in the

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daily activities of the children and committed to the institution's goals. These are not usually persons who in the process of professionalization have "pass[ed] through the mirror . . . [to create] . . . the sense of seeing the world in reverse" (Davis, 1968, pp. 250-251). The second model requires exactly the kind of training and self-perception that Davis has described in regard to the education of nurses, i.e., a sense of professional detachment.

If this perception of the alternative group care milieux is correct, it gives the answer to both questions. It requires a specially trained and oriented staff in model one and would suggest avoidance of professionalization of child care staff. The second model requires high levels of professionalization of everyone, including the child care staff. Recent exchanges on the training of child care workers may become more understandable against this background. Some proponents of the "educateur" status conceptualize functioning in model one. The opponents appear to relate to model two (Barnes and Kelman, 1974, and the discussants of their position.)

Goal 15: Same as Goal 1.

Community integration and support appear related to these two models. Gmeiner's SOS is widely accepted in the Austrian towns (Wolins, 1974, chapters 11 and 14) and so was Father Flanagan's Boys' Town in Omaha. Perhaps the best test lies in the readiness of "alumni" to support and visit the institution. And this has to do with image. Here an opportunity exists. As the institution is changing its name (to group home) and location (from suburb to the neighborhood), and as the emphasis on model one type behaviors is increased, a new image can be projected. This must be related to such community issues as licensing and zoning.[10]

The licensing of settings using hospital criteria is no longer tolerable; there are too many negative implications. Such description of a facility is insufficient. It should include psychosocial variables to indicate that an acceptable maintenance level has been achieved for all children in the program.

Goal 16: Development of model licensing legislation that provides for minimally acceptable physical safety and for a humane social environment, the levels depending on the surrounding community.

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[10] An excellent review of judicial and planning decisions in community-located group care is to be found in Lauber with Bangs, 1974.

Goal 17: A study of the basis for fears that lead to exclusionist zoning, and collecting data on ways to overcome these fears.

The problem of zoning for group care facilities is yet another aspect of the classification dilemma discussed earlier. It is essential that the facilities not become identified with single-characteristic deficiencies. They should not be seen as group homes or institutions for the retarded, or disturbed or delinquent, but rather as living quarters for multidimensional children. There seems no realistic basis for separating the group programs discussed here from those labeled "private schools." Insisting on their similarity for zoning purposes should have positive broader implications.

A brief work and proposal on yet one more aspect of community support--funding: Since group care is increasingly supported by public funds and a large proportion of the facilities are voluntary nonprofit or, increasingly, proprietary, the issue of financial support is the subject of major attention. The formulae for funding vary a great deal. Most respondents (63%) in our inquiry with institutional specialists at the 1976 Conference on Group Care favored purchase-of-service financing, only a small percentage favoring a negotiated budget.

Although the purchase-of-service mode of financing more closely reflects program interests than did earlier procedures, it also suffers from major defects. It is basically wasteful, encouraging the application of the most expensive modes of intervention. It intrinsically carries no responsibility by requiring neither accomplishment nor its measurement. And it holds no incentives for innovation.

A more imaginative manner of support would be based on payment for results--a procedure now supported by only 5% of our respondents. The essence of such a procedure would be a two-tiered purchase schedule of 1) humanitarian maintenance and 2) people-changing. Maintenance would be licensed and carefully supervised to assure conformity with standards. Rates for maintenance would be based solely on cost. It is important to preclude here any conflict between fiscal and child welfare concerns. People-changing would be a free activity (constrained only by protection of human subjects considerations) with specific goals along dimensions agreed upon by the child (or parent), seller and purchaser of service. Remuneration would be by results, with a time factor negative multiplier (i.e., the faster the results, the higher the reward).

Goal 18: Establishment, on an experimental basis, of a purchase-of-service and results procedure based on the two-tier concept, examination of the licensing and supervision steps this requires and the mode of determining result payments, and evaluation in terms of costs, results in children, duration of impact, and extent of innovation.

Evaluation

Evaluation methodology is complex and is best left to other sources. There has been considerable evaluative work in institutional programs. Wolins (1974) assembled nine such examples. Other studies run the gamut of settings, population types, evaluation methodologies, control of variables, and objectives of the group care programs. (See Reiff, 1973; Groeschel, 1972; Johnson, 1974; Taylor and Alpert, 1973; Colorado, 1975.) Agency personnel feel pressed to evaluate their programs (Conference on Group Care, 1976) and see this pressure as having desirable consequences. Yet despite all the concern about evaluation, only a small proportion of group care programs engage in ongoing evaluation of either financing, program quality, outcome or efficiency. And, even more disturbing, the data available from past evaluation efforts are not accumulated in a manner to yield significant impact on programs.

Lack of a cumulative facility that could use available data to point up program directions is a serious deficiency. One example: There now is considerable evidence about the utility of a socializing environment and its relation to populations in group care. Yet, the full implications of this evidence have not been deduced and its impact on group care is, at best, diffuse. Another example: We know the implications of what Pringle (1965) called a "good friend on the outside" (e.g., a concerned parent, a willing employer) for those in group care. Yet, what impact has this had on licensing? And yet one more example: Looking at the research, this observer (and others) notes that the critical variables in group care are in the environment rather than in professional intervention. (See Wolins, 1974, for studies showing positive environmental impact; Polsky, 1962, for negative impact.) What have been the practice and research consequences of these evaluative studies?

Goal 19: A capacity in the unit proposed in Goal 14 to accumulate and analyze evaluative projects and methodologies, and advocate specific additional studies, forms of evaluation and methods of care on the basis of reliable data.

III. THE INSTITUTION AS "VESSEL" OR "INSTRUMENT"

Approaches to People Changing

The appellation "a hotel with a clinic" describes some institutions. That is a reasonably fair description of a hospital treating, say, orthopedic cases. To be sure, this is an unusual and extremely expensive hotel, but so are some others that have special purposes. What places them in a single category is their inert, nearly neutral quality as social environments. There is little or no attempt to mobilize the entire environment, including the cared for, and aim it at the problems of the patients. In short, the setting is a convenience and not an absolute necessity in accomplishing its purpose. An example is the current development in regard to childbirth or renal dialysis. Obviously, the hospital maternity unit was not, and is not, a necessary instrument in childbirth nor is the ward in hemodialysis essential. Both are merely vessels, containers of convenience, and the purposes for which they are used may be achieved at home.

By contrast, Bloom (1964), in describing a powerful environment, attributes to it intent and capacity to pressure the individual in a particular direction. Polsky (1962), in Cottage Six, shows how an environment may be used as an instrument and may have so much power as to counteract all professional intervention. In fact, in that instance it even succeeded in corrupting some of the staff. This phenomenon is not unfamiliar to persons who try to manage prisons. In short, some group care systems function as instruments.

Before considering the consequences and implications of this distinction, it is necessary to posit what makes the environments into "vessels" and "instruments." Vessels are generally the result of three simple variables: 1) relatively short periods of stay; 2) an impersonal atmosphere; and 3) use of highly technical (and specialized) procedures. The reverse of these conditions produces an instrument.

When the target is highly specific and the change may be achieved rapidly, a vessel is appropriate. However, even the four-bed surgical ward begins to function a little like an instrument, and this is much more so in the case of a kidney dialysis unit. The more diffuse the target, the larger and less specific the number of dimensions of desired change, the larger the interpersonal association, the more inevitable the instrumental qualities.

Among group care professionals these models are understood. The tendency among our respondents (Conference on Group Care, 1976) seemed slightly toward the position of group setting as instrument. However, there was a strong pull in the other direction. The respondents seemed to want the benefit of both worlds--an impossibility by virtue of the requirements in the respective settings.

This is not the place to specify these requirements at any length, but some illustrations can be provided. An instrumental group care setting requires, among other attributes, the following: a) a unifying theme of an ideological or quasi-ideological quality; b) built-in, omnipresent models and reinforcing events representing the desired state; c) socially laudable objectives, with evidence of achievement; d) avoidance of global, pathological designations; e) continuous review of regressive tendencies in the system; f) provision for and encouragement of limited risk taking; g) emphasis on unit cost reduction. (For details, see Wolins and Wozner, 1975.)

Such conditions cannot be achieved in a vessel with a clinic. Particularly problematic are variables a, b, e and g. Ideology is generally considered irrelevant in the vessel-type setting, and even a burden by some. Models of the desired state are discharged as rapidly as possible. Regression is encouraged by carefully dividing staff-patient functions, and this, in turn, leads to high cost.

Unfortunately, the group care settings in the United States today are under pressure to divest themselves of many of their instrumental attributes. Two major forces are propelling the program in this direction: 1) provisions for the purchase of service and the accompanying licensing and standard setting, which are mainly medical-hospital in nature; and 2) deinstitutionalization.

A brief discussion of the former will suffice. The various health insurance programs increasingly cover certain conditions found among group care inhabitants. However, Blue Cross, Champus and similar organizations purchase service only from institutions accredited by the Joint Commission on Hospital Accreditation, which is likely to ignore or even disapprove of the requirements of an instrumental model (Reid, 1974).

Deinstitutionalization

Deinstitutionalization as currently practiced pulls the rug right out from under the instrumental model. To explain how this occurs and suggest some remedies, we digress to a proposed classification of institutional populations.[11] The four levels of functioning are applicable to various attributes of individuals in care. An instrumental setting requires that all these levels be present in the proximate experience of every person. Such a ladder of capability must therefore stretch over cared for and carers if it is to be continuous temporally and spatially. Deinstitutionalization, unless it is total, removes the most competent cared for individuals from the group care environment and leaves it to those on the dependency level. Models and reinforcements for increased competence are gone. A binary structure is inevitable. In short, the setting becomes a vessel. Institutions for retarded, nursing homes, "back wards" of the old mental hospitals provide ample evidence for the tyranny of such environments when deprived of their competent members. This is an inevitable outcome when the imbalance of ability and power is so great and the nonreciprocal relationship is held together by rules alone. The most meticulous external supervision will not prevent it in impersonal vessel-type environments.

Goal 20: A review of the long-term implications of the vessel vs. instrument model in group care, and, if the evidence warrants, a counteracting of the pressures away from the instrumental model by changing the purchase-of-service and licensing provisions now operating.

Goal 21: A review of the consequences for the settings (and their most deprived, i.e., residual, residents) of the trend toward deinstitutionalization. If the conclusions presented in this paper are supported, the following subgoals are in order:

Subgoal a: Deinstitutionalization from the bottom. Given the enormous cost of caring for the most dependent in group settings and their great need for a personal, affection-motivated environment, it makes sense to place them in families (even their own) with heavy subsidies and external professional help. Data from Bernstein (1975, p. 44) show that "lifetime care" costs $28,500 per person per year and general institution temporary care costs $34,000 per person per year. An expenditure projection for home care can be developed as follows: Payments to family--$12,000 (tax exempt) per year, $8000 to resource bank, including medical services and domestic assistance, and $4000 for administration and supervision. The remaining $4500-$10,000 will be unspent--a gift to the taxpayers.

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[11] See Table 1.1.

Subgoal b: Institutionalization of only populations on the nomocracy or other-orientation level (see Table 1.1), with a heavy gradient toward the latter. One way to achieve that is through the community-located group home in which outside forces, e.g., neighbors, friends, school, tilt the balance upward. Another way is to place "social agency" children in the private elitist schools.

These goals will require demonstration projects with careful evaluation, and a redirection in thinking and financing from the federal down to the community level. However, they constitute the only honest type of deinstitutionalization, because the hindermost are brought to the community rather than consigned to the devil. Such an approach is the only one worthy of a society that, through its centers for independent living and progressive legislation, has brought the physically disabled "out of the closets." Now is the time for those with severe psychosocial disabilities to come home as well.

TABLE 1.1. Benevolent asylum: inmates and environments

	Levels of Functioning*			
	Dependency	Nomocracy	Other-orientation	Exchange
Needs	Quasi-physical; id-oriented	Avoidance of the unknown	Approval-acceptance	Clear conscience
Evaluation	Instinctive, premoral	Rule-referred	Reference group	Ideological principled, rational-altruistic
Social requirement	Constant, nourishing "mother"	Rule-following others; authoritarian interpreter	Cue-sending others	Mature, giving-getting others
Relationship	Hierarchical authoritarianism	Legitimate subordination	Undifferentiated egalitarianism	Individualized egalitarianism
Danger	Tyranny of either member	Pursuit of meaningless or outrageous rules	Faddism; instability; anarchic populism	Unprincipled others
Antidote (a higher level opening)	Love, compassion, rules	Respect for persons; encroachment of new situations	Equality and exchange	Moral duty (withdrawal in case of failure)

(Continued)

Benevolent asylum: inmates and environments [continued]

	Levels of Functioning*			
	Dependency	Nomocracy	Other-orientation	Exchange
Peer functions	Minimal or none	Modest	Massive	Reduced by self-reference
Societal intrusion	Minimal and indirect	Caretaker-guided	Marked and direct, but demands are conditional	Very substantial except in cases of withdrawal to avoid contamination

*These levels are roughly similar to Kohlberg's (1969) stages of moral character development, dependency being similar to Kohlberg's Stage I, nomocracy to Stages II and III, other-orientation to Stage IV, and exchange to Stages V and VI. However, the emphasis here is not on the attributes of individuals, but on the expectations and opportunities of the environment. (From Wolins, 1974, p. 20. For details, see Chapter 1.)

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ADOPTION SERVICES TODAY AND TOMORROW

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Adoption services have undergone radical changes in the last 10 years and additional extreme shifts are expected in the next decade. What may we expect? Why have the circumstances altered so much? This paper examines these questions by looking at changes in the roles of the key actors in the adoption system--the children, the biological parents, the intermediaries (agency and independent) and the state (legislature, courts and court officers).

The first step in understanding why the adoption system has been so altered is to recognize that, like all social institutions, it reflects the predominant needs, values and conflicts of the times. The history of adoption illustrates this. Ancient societies permitted and encouraged adoption for political and/or religious motives. Great Britain, whose legal system the United States follows, did not encourage adoption, because it believed that inheritance should be allowed only to legitimate blood heirs. Dependent children became wards, apprenticed or indentured (15:107).

Over the years there evolved a different set of child caring values that perceives the future of a society as inextricably linked to the well-being of its children. If society is to survive and to continue to improve, it must have enough well functioning citizens. One way to produce adequate adults is to provide for appropriate development of children. It is now known that this can be accomplished only if all children receive nurturance in a stable, continuous setting.

Not all parents are willing and/or able to provide this kind of continuous nurturance to their children. Biological parenthood does not automatically confer the desire and skills to care for children.

In recognizing this, society has created the process of adoption, which allows for the transfer of the legal rights, responsibilities and privileges of parenting from the biological parents to someone else.

Sharp changes have occurred and will continue to occur over the next 10 years in our perceptions regarding who can and should parent; the state's role in terminating rights; which children should receive adoption services; who should be the intermediary in the adoption transfer; who should receive the children; who should pay for the service; and what rights adult adoptees should have (23:20).

There are, however, some principles consistently followed in present professional adoption practice. These are expressed in a variety of ways in the literature and are best encapsulated in the Child Welfare League of America's Standards for Adoption Service (7.2). In paraphrase, they are:

1) All children regardless of their age, sex, race, physical, intellectual or emotional status are entitled to a continuous nurturant environment.

2) For most children the biological family in its broadest definition provides the best environment for this nurturance.

3) When a child's biological family is not willing or able to nurture him or her, he or she is entitled to timely placement with a family who will.

4) For most children, adoption provides this family better than any other type of substitute parenting.

5) Adoption is and will continue over the next 10 years to be the most cost-effective method of substitute parenting that can be used as a child welfare service.

6) Adoption is a means of finding homes for children and not finding children for families. The emphasis is on the child's needs.

THE CHILDREN

This study appropriately looks first at the primary focus of adoption efforts--the children. Who has been placed for adoption? Who needs to be placed now for adoption? Who will need to be placed in the future?

It is here that the first significant obstacle occurs. There are no meaningful national and state statistics which will help answer these questions, define the scope of the problem, predict trends. We are left trying to surmise the boundaries of the problem by examining fragmentary reports (23:20).

The Department of Health, Education, and Welfare is disadvantaged in obtaining this information because reporting by states is voluntary. The same states do not report year after year and data sent in are admittedly incomplete. A recent Children's Defense Fund report concludes:

> Even at the request of the State Senate Subcommittee on Children and Youth, the Secretary of H.E.W., in May 1975, could not estimate how many children were adopted in the years 1973-1975 because of incomplete voluntary reporting. When the reporting form was revised in 1974 to include, among other things, data on the functional condition of children adopted, a comparison of race and ethnic group of the children and adoptive parents

and whether subsidies were used, fewer than 20 states provided the new items of information (25:42).

Even with the deficiencies of the existing data, close examination tends to confirm some of the observations of practitioners.

The H.E.W. reports for 1968 and 1973 submitted by 10 of the most populated reporting states (New York, Pennsylvania, Texas, New Jersey, Florida, Georgia, North Carolina, Indiana, Missouri and Virginia) indicate that total adoptions dropped from 10% to 35%, including both agency and independent adoptions (1;2). A smaller national trend study by the Child Welfare League of America on agency experience during this period shows similar findings. The most recent study shows a drop in agency placements of 20% between 1975 and 1976 (31). (Reasons for this decline are discussed later in the section on biological parents.)

One type of adoption is showing a strong upward movement in the face of the decline. A comparison of 1968 and 1973 figures showed that adoptions by relatives increased 20%. It is likely that this reflects the increase in divorces and remarriages with subsequent adoption of a new spouse's children. Since the divorce and remarriage rates are rising, the number of stepparent adoptions will continue to increase. Most adoption agencies have so far had no involvement in these outside adoptions, aside from an investigative role assigned by the courts in some jurisdictions, but practitioners are expressing the belief that family members may need counseling in adjusting to new roles and to new extended family relationships. Several adoption agencies have begun to offer services in this type of adoption.

As stated, reliable data are not available as to the race, age and condition of the children placed by agencies. Some surveys show that the number of black children placed dropped more dramatically than the number of white children. The 1975 "Opportunity" survey of black adoptions states: "In each of the last 3 years, the rate of decline in the placement of black children far outstripped that for white children" (24:2).

In a mimeographed adoption trend study in 1974, the Child Welfare League of America reported that two-thirds of all white children and one-half of all black children accepted for placement by voluntary agencies they surveyed were less than 3 months old. Data supplied by the public agencies were incomplete, but the children seemed to be older. It is interesting that 65% of white children and 80% of black children were under 5. Eighty percent to 90% of the children had no handicaps.

A replicated study by CWLA in 1975 reached substantially the same finding:

> At the other end of the age distribution, children 5 years of age or older number only 8% of the voluntary agency children, but 37% of the public agency children. More of the white than nonwhite children accepted by both groups of agencies were in the youngest age groups. . . . The predominance of very young healthy, white children among those accepted by the voluntary agencies is striking in view of the general impression that such children are not available for adoption through agencies. However, they must be seen in the context of a drastically reduced number of children available. (31)

It is questionable whether any scientifically valid inferences can be drawn from these data. It had been hypothesized that agencies with fewer babies to place turned to finding families for older, handicapped or minority children. The fragmented data suggest that this is not being done and that, for the most part, children placed by agencies continue to be "young, healthy and white." There are no indications of a future shift in the type of children placed by the majority of U.S. adoption agencies.

In summary, surveys of children accepted and placed by agencies show that there are fewer youngsters, but they continue to be under 5 and relatively problem free. They appear to be placed quickly, by agencies that now handle a lesser volume than in the past. It seems that existing agencies have the capacity to meet the adoption needs of this type of child. There are no factors in the literature that permit prediction that the number of these young, readily placeable children will increase in the immediate future.

Aside from some vexing problems regarding putative father's rights, there does not appear to be any need for a new rational strategy for agencies that serve these children. The child welfare system over the years has built an efficient and effective adoption structure.

Even less information is available on children placed through independent (nonagency) and intercountry adoptions. Some of the problems inherent in these processes are discussed later.

The most difficult problems and uncertainties are incurred in planning for a group of children for whom adoption either was not the original plan, or was an original plan that was not carried out. These are some of the children who now reside in foster care and institutions. In testimony before the Senate Committee on Human Resources in spring 1977, the number of children in foster care and institutions was estimated by H.E.W. to be in excess of 350,000. In

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their study, Children Without Homes, Knitzer and Allen estimated that "there are from one-half to three-quarter million children in out-of-home placement for whom public systems are responsible" (25:2).

Determining how many of these children are placed outside their homes and how many of them need to be placed for adoption is a first priority issue for those involved in planning. This is an extraordinarily difficult task. H.E.W. estimates of the number of children in foster care who need adoption range from 90,000 to 120,000 (23:22). The rationale offered for the estimates is that several early studies and one recent study suggested that about 25% of children in foster care could or should be placed for adoption (6). Estimates from agency directors and citizen advocate groups range from 10% to 33 1/3% of the foster care population.

This lack of accurate data exists in other areas of child welfare services. First, states and national governments do not collect enough or comparable data. Second, goal planning may not be done routinely enough for children in care; even a perfect statistical system cannot compensate for a lack of activity. Third, within agencies there may be at best a difference of opinion on which children would benefit from adoption and at worst no idea at all of which children other than infants are suitable candidates. Workers lack meaningful guidelines and skills that would enable them to determine which of the children who have been long in foster care should remain there and not be placed for adoption.

Although we cannot with any precision define how many children in foster care need adoption, we do know that they will probably be drawn from those who have been in care for some time. Studies of foster care provide some notions of what the children will be like. An Illinois study found that 66% of adoptable foster children in Chicago were black (13:88).

In their New York study, Bernstein et al. found:

> While the total number of children in foster care has risen, the number of white children in care has declined absolutely --from 7660 in 1960 to 5916 in 1974--as well as relatively --from 41.6% to 20.7%. During the same period, the number of black children in care more than doubled and the number of Puerto Rican children just doubled. It is of interest to note, however, that the number of Puerto Rican children in foster care has been fairly stable since 1971, while the number of black children has continued to rise. (6:2)

Bernstein et al. further noted a sharp decline since 1971 in the number of children under 6 years of age and a sharp rise in the number 12 or over (6:4). It is predicted that 54% of children in foster care in 1985 will be 12 or older. As in the Illinois study, it also was found that most children were in care not because of problems of their own, but because their parents had problems.

The Association of American Indian Affairs stated that Indian children are disproportionately represented in the foster care populations of certain states:

> South Dakota has 16 times as many Indian children as white or Anglo children in foster care.
>
> In Minnesota the ratio is five Indians in foster care to one white child.
>
> Indian children in North Dakota, South Dakota and Nebraska are placed outside of their homes at more than 20 times the national average (32:14).

Fanshel also noted that children who remain longest in foster care come more frequently from minority groups and have some physical, intellectual or emotional problems (10:149-169). Children in institutions for the mentally retarded and the seriously emotionally impaired have for the most part not been considered suitable candidates for adoption. This attitude has changed somewhat and some agencies are now placing them. Deinstitutionalization programs will have to be expanded to include adoption as a potential alternative.

In summary, the likely candidate for adoption from the present and future foster care population will probably be older, 10 to 12 and up, be from a minority group, and may have some measure of disability.

If the number of children entering and remaining in foster care can be greatly reduced by preventive or family reunification services, and if those now in care for whom placement is appropriate are placed, then adoption service could be dramatically curtailed by the mid-1980s.

This goal seems light years away. And it is noted in a later discussion of agency problems that there may be some question whether foster care will continue to decline. With regards to knowledge of children who need to be placed for adoption, there is a clear and immediate need to: collect and analyze more and better data on children needing service; clearly define the population in foster care and institutions for whom adoption is appropriate; and launch an intensive effort for placement of all children for whom adoption is indicated.

BIOLOGICAL PARENTS AND ADOPTION SERVICES

A major obligation of a child welfare agency is to try to preserve a family that comes or is referred for help. Children should not be separated from their parents unless this is absolutely necessary. Any temporary separations should be for the least possible time, and restoration to the family should be the first goal. Adoption agencies thus have a moral and ethical obligation to see that preservation of, or restoration to, the original family is explored (7:2). Some community members, agency boards and staff tend to minimize this as a part of an adoption value system. Biological parents and the community have tended to see the adoption agency as the place one went when the decision to place the child has been made or seems the most likely option. This is no longer true.

For the sake of this discussion, biological parents have been separated into two categories: 1) voluntary clients--those who come to agencies on their own to explore the alternative of adoption, and 2) involuntary clients--those for whom this plan is determined without their consent.

VOLUNTARY CLIENTS

In the late 1960s, the typical client who came to the adoption agency seeking counseling was a white unmarried female who was pregnant. Middle class women tended to gravitate to voluntary agencies; poorer women went to public agencies. A few were under 17 years of age. Most were ashamed of the pregnancy, as were their families. Most went to maternity homes or "to live with relatives in another town" to keep the pregnancy secret. The majority decided to free their children for adoption. Those women who came to agencies represented a small fraction of all unmarried parents in the country.

Today even fewer white or black unmarried pregnant women are deciding on adoption (14:27). In most agencies the number of unmarried mothers coming for consideration of adoption services has declined over the last 3 years.

In the United States as a whole in 1973, the number of out-of-wedlock births increased 1% over 1972 to 407,300 (33:4). One out of three of these mothers was under 17 (30:18). It was not uncommon for mothers to be 12, 13 or 14. Ten thousand, nine hundred girls were under 15 years of age, a 10% increase from 1972 (33:4).

Today's unmarried mother has more options open to her than were available 5 to 10 years ago. She may terminate the pregnancy by legal abortion. She may, and with increasing frequency does, keep her child. Some theorize that yesterday's mother who relinquished her child may also have wanted to keep the child, but faced too many obstacles. With a shift in values and a lessening of stigma, today's mother faces fewer obstacles.

Little is known about why mothers have kept their children in increased numbers in the last 4 years. Most known studies predate this. Most of the conclusions are speculation or the accumulation of reasons stated by persons who have worked with unmarried parents. Most frequently mentioned is that the peers of the mother are more accepting of her keeping her child. If her peers have become more tolerant, so have her parents and community. In addition, single parenthood is more acceptable. The Census Bureau reports an increase in families headed by women of from 1.6 million in 1970 to 7.2 million in 1975 (22:17).

Adolescent parenting will become an increasingly serious problem, with dire consequences, unless more help is given. Babies born to young adolescents are at great risk of serious nervous system dysfunction, including retardation. Most adolescents are not intellectually or emotionally prepared to parent properly. This increases the likelihood that the baby will receive inadequate and perhaps abusive treatment (30:119).

Agencies and foster parents accepting the children of very young adolescent parents for placement must be willing and able to accept the high health risk factor in the child. Workers will have to increase their knowledge about the effects of drug taking and alcohol ingestion, and about the disturbed parents and how to help them. Adoption agencies will also have to develop linkages with other social agencies to ensure that the adolescent mother who keeps her child has appropriate support. Agencies can expect teen-age pregnancies to increase.

PUTATIVE FATHERS

Almost never the focus of interest, much less the recipient of service, the putative father has been thrust by the Supreme Court, in Stanley v. Illinois, into the constellation of key persons involved in an adoption decision. Until recently he was seen only if he advanced himself as a factor in the situation, although some agencies had begun to view him as important in his own right, with a need for service.

Agency attorneys and staff members were and are confused. Did the father have a right to a notice of a hearing? To attend the hearing? To come forward with a plan of his own? Does this apply to all fathers or just those who have shown an interest?

Agencies now generally feel that the putative father must be notified of the adoption plan. He may either acknowledge or deny paternity. If he acknowledges, he may consent to the adoption or bring forward his own plan, which must be considered.

These notification procedures take a great deal of time. Here there is a head-on collision between conflicting values of two professions, law and social work. Social workers believe that it is in a baby's or toddler's best interest to effect a speedy adoption placement and to spare the child as many moves as possible. Courts believe a person is entitled to due process regardless of how much time it takes to satisfy it.

The resolution of this conflict appears to be emerging in favor of speedier due process. In recommending that courts consider termination proceedings like other emergency cases, Goldstein, Freud and Solnit say, "Procedural and substantive decisions should never exceed the time the child-to-be-placed can endure loss and uncertainty" (12:42).

INVOLUNTARY TERMINATION OF PARENTAL RIGHTS

Involuntary termination of parental rights cases may be divided into two types--contested and uncontested. Uncontested cases are those in which an agency or individual brings a termination or guardianship transfer action where parents have consented, or are incapable of consent (those who are grossly retarded, psychotic or in a comatose state). The latter cases generally turn on a determination of parental fitness based on expert witness testimony. Parents are not always represented by counsel or a guardian ad litem, who would protect their interest. There is growing concern about this lack of counsel and appointment of a guardian ad litem seems to be gaining support. This development should emerge over the next several years as common practice.

Most termination cases are contested and commonly involve charges against the parent of abuse or neglect, desertion or abandonment, or a combination of these. Although actions may be brought against parents whose children are residing with them, they are more frequently brought by agencies on behalf of children in foster care.

ISSUES IN CONTESTED CASES

Several key issues will have to be resolved over the next decade. The first legal question deals with the right to counsel. Parents have been and are being brought to court without legal representation, which is then sometimes ordered by the judge. Not infrequently parents represent themselves and are disadvantaged from the outset. Agencies should urge the courts to see that all parents are adequately represented, both on principle and to protect against later reversal of rulings.

The second major legal issue has to do with the vagueness of the present termination statutes. Question has been raised as to their unconstitutionality. Specific problems have to do with the definition of such conditions as "neglect" or "deprivation," which are often the basis of charges brought against parents. If definitions are too vague, the charges are subjectively assessed and difficult to prove.

Parents' right to treatment is likely to become a sharper issue over the next several years as the number of general right-to-treatment suits expands. Judges are increasingly reluctant to terminate parental rights in cases where parents have sought but not received help from an agency. Judges are more frequently deferring decisions and ordering agencies to provide the needed help for a stated time to see if this makes a difference.

What becomes increasingly clear is that although the relationship between biological parents and the agency is really a contract, the terms are not defined so that each party fully understands them and agrees to them. In the absence of a written and understood contract, both parties may perceive the other's role erroneously. It also becomes impossible for third parties (in these cases, the courts) to sort out who promised to do what to or for whom, and if there was a breach of the treatment agreement.

In a growing number of cases, a serious problem of the foster care agency is that it cannot demonstrate to the court's satisfaction that enough time and effort are spent working with the biological parents of the children in care. Workers' contact with them tends to be sporadic, superficial and lacking in direction.

THE ROLE OF THE BIOLOGICAL PARENTS AFTER TERMINATION OF RIGHTS

It has been customary for the biological parents to have little or no contact with the agency and child after legal rights have been terminated, either voluntarily or involuntarily. This is no longer true; we should expect a different and continuing role for parents.

First, more adopted children are seeking biological parents who are unknown to them. (This is discussed in a separate section of the paper.) It means that biological parents should know this is a possibility at the time they surrender the child.

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Second, more older children who are being placed for adoption with foster parents or others know who and where their biological parents are. In many cases the parents continue contact with the child.

Third, biological parents are or should be asked to keep the agency informed of any medical history that may lead to developments after the termination.

Fourth, agencies may be asked to recontact biological parents to determine if they are willing to take back their child after a reasonable time, if the agency has been unable to find an adoptive family. This provision was recently made law in Great Britain.

THE ADOPTIVE PARENTS

Social workers who have been in the field of adoption for the last 10 years say that the kinds of persons becoming adoptive parents have changed. Yesterday's adoptive parents, chosen to parent a white infant or toddler were white, childless and infertile. They came well recommended by their clergyman, and had been married for at least 2 years with no previous marriage. They had never committed a crime or received psychiatric inpatient or outpatient help. They had had a relatively happy childhood, and had extended families who approved of adoption. They were healthy, heterosexual, gainfully employed and financially solvent.

A survey of today's adoptive parents would still yield many who fit this profile, but we would find many others. Many are fertile, but choose to adopt. They may have several other children who became a part of the family by birth or adoption. They and the children may be of different races. They may not belong to one of the major religious organizations. Single, divorced or separated applicants are found acceptable as well as those who may have been previously incarcerated, institutionalized or in therapy. They may have come from broken homes or have some physical handicap; they may be homosexual. A few may not be gainfully employed; some may be on welfare, an increasing number may be poor.

Why this radical change? It reflects trends that began about 7 years ago, and are expected to continue. The first is the realization that the old criteria used to predict how someone would parent were weak. Indeed, some measures were absolutely useless. Several studies dispute the workers' assessment capacities. One concluded after examining caseworkers' perception of adoptive applicants:

> This made us wonder whether in the adoption field we have at times made the error of endowing caseworkers with the task of

> making judgments about parent potential, when such a magical capacity should not be the expectation. Nor, possibly, should the field itself carry the burden of predictions about capacities to fill the parental role. (9:187)

Second, United States culture is becoming more flexible in its tolerance for varying life styles. Divorce, and living together out of wedlock--once considered as deviant as out-of-wedlock pregnancy--are more acceptable. So are different sexual life styles. Adults who had personal problems and sought psychiatric help can be successful parents, as can rehabilitated criminals. Nurturing capacity is more important than a bank account, as long as there is enough money for physical needs.

Third, adoptive parents individually and in groups have begun to challenge agency policies and rulings, and the once unquestioned authority to withhold a child. Some attribute the rise in militancy to the activist temper of the late 1960s. Others think it due in part to the fact that some of the new advocate adoptive parents already had children or could have more, and did not have the same fear that they would not get a child if they complained.

The fourth trend, and perhaps the most important, was the realization on the part of the agency that there were certain minority, older and handicapped children for whom they had no homes. Eligibility requirements became more flexible to meet the severity of the children's problems.

The major factor in finding parents is the workers' and administrative staff's ability to grant the potential to parent to a wider circle of persons. If "beauty is in the eye of the beholder," so is a model of an acceptable parent.

SPECIAL GROUPS OF ADOPTIVE PARENTS

Growing consideration is being given to particular groups of parents. Foster parents should continue to be seen as a primary resource for the adoption of waiting children. A high proportion of the children with serious problems who have been placed for adoption were placed with their foster parents. The advantage of the practice is obvious. The child or children can stay with a known family and community. Yet foster parent adoptions receive less than enthusiastic support from some agency social workers. Some administrators have feared a "drain-off of precious foster homes" if this adoption practice is allowed. Others are concerned that the quality of their foster homes is lower than that of their adoptive family homes. The opposition to foster parent adoption often rises with the degree to which the child is readily adoptable. There is clear and convincing evidence that for available children who have roots in the foster home, adoption by their willing and able foster parents is the most desirable plan.

Those older children who have roots in their foster home, who could not sustain a move, should remain in long-term foster care. There may be valid reasons why foster parents or older children do not wish adoption. The children may not wish to sever ties with their biological family. A status that is less than adoption, but more binding than a verbal or written agreement that the foster parents will keep the child until his or her maturity, should be considered, such as transferring legal custody to the foster parents, so that they have the right to issue legal consents for the child. The agency can also lessen its supervision of the family if this is appropriate.

Agencies should promote foster parent adoption--for example, issuing a clear policy statement requiring that foster parents be notified of their rights and the necessary process.

Single parenthood is gaining wider acceptance. Parenthood without marriage is becoming as viable an alternative for the never-married as it is for their divorced counterparts (22). While meeting the adults' parenting need, such adoptions provide a way to meet the needs of certain children as well. Yet many agencies still turn to single-parent applicants only when no two-parent families can be found. Increasingly, single parents are being used as the placement of choice for older children who are emotionally bruised in such a way that it is better for them to have one parent of a particular sex.

Foster care caseloads should be examined to identify those "para foster parents" who are related to the child, but have sought money by becoming the child's foster parents because they were not within the degree of kindred required to qualify for AFDC. In large cities, these cases may compose a significant proportion of the caseloads. Adoption can be used to establish a clear parental role and at the same time allow the family to qualify for AFDC. Frequently, it is money, not the need for social services, that is the main reason they are in the foster care caseload.

NEW ROLE FOR ADOPTIVE APPLICANTS

The relationship between agency and adoptive applicants is changing in many ways. The worker's role, once largely investigative, is now viewed as educative. Applicants coming to agencies are increasingly assumed to have normal, rather than abnormal, motivations for adoption, and are considered to possess the potential for parenting. They join with the worker in an enabling process.

This mutual assessment is moving more and more toward a contractual arrangement. The written application and the home study and its recommendations are becoming the actual contract. Here, agency and parent share their perception of the applicants' strengths and weaknesses, as well as a description of the kind of child who would fit in the home. The couple's signature on these documents means that they agree with the description of their family and the statement of the role of the agency in the placement.

In this emerging model relationship, applicants play a greater part in decision making. First, they must decide whether adoption is for them. Then they must decide which child is right for their family. This selection process is moving more into the hands of the applicants. Some agencies let applicants choose children from pictures and descriptions or videotapes. Others turn over the children's case records to be read.

Adoptive parents may assume greater risks. They are asked to take children not yet legally free. They must face the fact that some adoptions, like marriages, do not work out, and they are being allowed to risk another placement. Older foster children have ties to biological and foster families, and adoptive parents are now asked to accept and help sustain these ties. In effect, most adoptive parents adopting an older child are being asked to accept that child's whole extended family. As a result adoptive parents are turning to the agency for more support and help in dealing with many problems.

Applicants contemplating adopting a child with a mental, physical or intellectual handicap are often deterred by the lack of supportive services in their community, such as special classes and clinics for physical care or psychotherapy. Adoptive parents need a break from the care of a demanding handicapped child. Respite care arrangements should be added to the list of services an agency makes available.

There are persons among minority groups who would probably become adoptive parents, but do not receive the opportunity because they are not informed that they are needed. Once, agencies believed that black, Hispanic or American Indian people were not interested or able to adopt, but experience has proved this untrue. Agencies across the country have had extraordinary success in finding adoptive parents from these groups. Minority applicants are still met too frequently by workers who are not from their culture and/or race and whose knowledge and appreciation of cultures other than their own is limited. An agency's requirements for appointments during work hours and many papers to fill out show its lack of perception that this is not suited to minority applicants (25).

More minority social workers should be hired; there are few blacks, American Indians and Hispanics on agency staffs. Existing workers' understanding of other cultures should be expanded through training. The agency's hours and procedures should be modified to achieve maximum service to clients, not convenience to staff.

What is needed is a strong national statement in favor of finding more adoptive homes of the child's own race, but not ruling out placement in an available home of another race.

THE AGENCY AS INTERMEDIARY

Adoption agencies in the U.S. have an impressive history of serving children well. Although most have served infants and toddlers, agency annual reports show that in every decade there were a few that placed older, minority or handicapped youngsters. There have always been innovative practitioners.

The adoption agency developed in the U.S. out of the request of the courts, which needed guidance and information to help them decide whether to grant an adoption. It was clear that the objective was protection from inappropriate placements. This major role of protector has continued into today's practice. Advocacy and aggressive outreach for homes on behalf of waiting children, and a new partnership arrangement with adoptive parents, are aspects of the agency's role that should continue to grow over the next several years.

Little is known about the characteristics of agencies. A survey by the North American Center on Adoption found about 1700 adoption agencies in the U.S. Nine hundred are public and 800 are voluntary. The majority of the voluntary adoption agencies are located east of the Mississippi.

The method and criteria used to license these agencies vary from state to state. States may emphasize different aspects of an agency's functioning. For example, some require detailed information on the characteristics and quality of staff; others give this nominal recognition. In some states, agencies merely fill out forms that are sent into the state and reviewed (34). The present system does not assure that licensure guarantees that an agency practices at an acceptable level. This deters initiation of laws that would abolish independent adoption, because it cannot be assured that agency monopoly would be conferred on acceptable and competent organizations, or that in some states black marketeers could not apply for and receive a license to practice as an agency. Furthermore, agencies in one state, when working with other agencies out of state, cannot assume competence simply on the basis of licensure. Guidelines should be established regarding licensure standards, as well as means of determining if standards are being met.

STATE OF PRESENT TECHNOLOGY

What are some of the problems faced by agencies? Unplaced children may have serious problems--physical, emotional and/or intellectual handicaps. It is hard to predict whether an older youngster or a sibling group and their new family will "take" to one another. It is difficult to find suitable families. The essential question is whether an agency's technology and skills are adequate to prepare and place these waiting children even when families have been found. It has been clearly demonstrated that the technology exists. We do know how to do these tasks. Some agencies across the country are using this knowledge and skill with great success. The problem lies in the distribution of this new knowledge. Too many agencies do not have this information. Others aware of the knowledge available will not accept it, because this means the abandonment of practices, values and attitudes they have treasured over the years. They see little or no value in these new practices and in many instances predict dire consequences (8). It may be helpful to examine key areas where new technology exists.

FINDING FAMILIES FOR CHILDREN

For the most part, traditionally adoption agencies have never had to seek adoptive parents for children. Most agencies had an ample supply of childless applicants when most children placed were white babies. Children placed were essentially only those for whom people came asking. Older, handicapped or minority children were not placed because few applicants came to ask for them.

The rapid decline in the late 1960s in the number of readily placeable white infants caused, some believed, or at least was accompanied by, a rising consciousness on the part of some agency staff that efforts should be made to place minority, older and handicapped youngsters. Those agencies took the first and most momentous step in recruitment--they turned to mass media.

Newspapers were the first to tell the story of the waiting child. Ruth Carlton of the Detroit News began in 1968 a column that showed pictures and told stories of waiting children. This technique was markedly successful in finding families. It has now spread across the country, and similar features appear in most big city newspapers. Many agencies object to the practice as "advertising," both unprofessional and dangerous to the child. As one executive director says: "I don't like it--it's like the ASPCA's dog of the week."

Showing children in newspapers soon led to appearances on TV. Ben Hunter's midday TV program in Los Angeles shows children and has their social worker tell about them. This has been effective in recruiting homes for children and in educating the public about current adoption needs and problems.

The mass media exposure of children has led inevitably to their live presentation to adoptive parents. The Los Angeles County Department of Adoptions has used children available for adoption as models in a fashion show, whose audience was composed in part of prospective adoptive parents. The agency, like the New Jersey Division of Youth and Family Services, has brought together waiting children and prospective parents at a picnic, where the food and entertainment were donated by a well known fast-food chain.

Agencies now use radio and TV spot announcements as well as billboards, posters and flyers to find homes for children, but there has been little effort to use systematically the enormous wealth of available knowledge in the area of marketing. A few agencies have systems to tell them what is the best technique with what group of parents. Some studies have described demographic characteristics of families that adopt handicapped youngsters or adopt transracially. Little, if anything, has been utilized by agencies from census studies to target neighborhoods as recruitment sites.

The major problem, therefore, is that the technology has not been collected, organized into a cohesive body of knowledge, related to available data on marketing, and effectively disseminated or taught to agency staff.

PREPARING CHILDREN

Although it is obvious that casework with children is an essential ingredient in child welfare services, it is relatively new to adoption. Many adoption workers have worked only with babies and adults. If their agency had only an adoption program, with no foster or day care program, workers had little, if any, opportunity to work with children.

Again, as in finding families for children, this is an area where the knowledge exists but has to be consolidated and disseminated. Excellent work in preparing children has been done by some agencies. Their experiences indicate that the worker has to make a deep commitment to the child and spend much time with him or her and the key figures in his or her life, the foster parents (7). The strategy to transfer this knowledge lies in compilation of data, publication and training.

MANAGEMENT CONSIDERATION

The only way waiting children can be placed for adoption is if agencies commit enough adequately trained, well managed workers to the task. This is not happening in most agencies and will not happen over the next several years unless radical changes are made.

Most public child welfare agencies have experienced a phenomenal increase in the number of children under their care (14). Total cases in New Jersey, for example, went from 24,000 in 1971 to over 50,000 in 1975. The jump is attributed largely to protective services applications that followed broad public information campaigns on child abuse. At the same time, agency funding was being cut back or held at a standstill. Fiscal crises resulted at best in holding the line on child welfare budgets in most states and counties. Imposition of ceilings on Title XX funding caused states that were over the ceiling to cut back on services.

Scrambling to balance budgets, administrators have imposed a job freeze. Staff turnover, a cause of poor service because clients suffered a constant change of caseworkers, is now compounded by the agency's inability to replace a departing worker. This results in higher caseloads and forces an administrator to make drastic decisions in the deployment of staff. The service that demands first call on worker time is and should be protective services. To be effective, workers should have relatively small caseloads, so that they might offer the time needed by the family. Caseworkers are drawn from the foster care and adoption supervision caseloads, as well as from foster care and adoption homefinding. This will continue, and will result in more serious problems. More child abuse referrals and fewer workers may result in foster care being used by the worker rather than home services. Placement may be an easier way to manage high risk cases. High caseloads also diminish children's opportunity for a timely return home or placement in an adoptive home.

Within both public and voluntary agencies, internecine warfare goes on between adoption and foster care units. Foster care workers feel that the adoption worker is trying to meet adoption quotas. Adoption workers believe that the foster care worker has failed to make long-term plans, and is afraid to take risks.

The manpower problems are compounded by other problems equally serious. There continues to be fragmentation in delivery of child welfare services. Some are delivered by the juvenile justice system, others by client welfare agencies, others by separate divisions dealing with mental health and mental retardation. Fragmented state departments administer hundreds of autonomous, county-run programs--with great difficulty, if at all.

Merger of child welfare with public welfare services has diminished the share of attention and resources given children. The advent of administrators without experience in child welfare, and their increasing domination, have a harmful effect on present systems (25).

Voluntary agencies have many of the same funding, manpower and administrative problems. Most adoption agencies' revenues come from 1) donations; 2) United Way or Community Chest funding; 3) fees for service and 4) purchase-of-service fees from governmental agencies.

Donations fell off sharply as the economy worsened. The United Way has steadily been cutting back their support of child welfare services in general, and adoption service in particular. There is serious philosophical question whether an agency should charge any fee to adoptive parents who are caring for a child who might otherwise continue to be a public charge. It is estimated that no more than 25% of all public agencies use any form of purchase of adoption service programs, and few of these now approach the full cost of providing the service. The result of all of this is fiscal failure for many voluntary adoption services within a multiservice agency (5; 11; 39).

It is clear, however, that the voluntary and public agency partnership would be imperative if all the children who need service were ready for placement. Adoption could become a diminishing service over the next 5 years if children now in foster care were placed, and if we could reduce the instances of their future counterparts' getting into the long-term foster care cycle.

COST-EFFICIENCY ANOTHER REASON FOR ADOPTION

It is demonstrable that of all forms of substitute care in child welfare services, adoption is the most cost-efficient. Several researchers have documented the costliness of foster and institutional care as opposed to adoption, using New York City as the basis for study (5; 11; 39).

The cost saving of adoption is probably higher than their projections show. Many believe that adoption is therapeutic. It helps end the generational cycle of poverty and neglect, as well as preventing antisocial acting out that the child might have developed or continued had he or she not been removed from the biological family.

SOME SOLUTIONS OR STRATEGIES CONSIDERED

There are no easy solutions to the large problems of resource shortage, fragmentation of child welfare services and dysfunctional administrative models. Federal imposition of minimal requirements on members of staff and model systems of administration becomes less likely as movement tends more toward local involvement. (The federal role is discussed in a later section.)

What can be done now? Assuming the status quo, or more self-determination and less adoption service by each state, agencies can make better use of what they have by more intensive and creative use of different administrative models and by more and better training. The following are suggested strategies.

- Tracking systems and quality control teams. It is generally agreed that agencies should have a system for establishing a case goal for each child in placement, as well as a way to monitor progress in reaching it. A tracking system without a review or monitoring unit is not fully effective. The monitoring unit would require sufficient authority, or be attached to a principal with sufficient authority, to intervene in situations where case plans are not being carried out or where the wrong case plan has been designated.

- Permanence and/or adoption specialty teams. The pendulum swings in social service between the respective merits of generalists and specialty workers. Many believe that production is higher in quantity and quality with specialty teams of workers. Units should be composed of volunteers, aides, B.A. and M.S.W. workers, along with the supervisor. There should be permanent-plan units as well as adoption units. The permanence teams would concentrate on children in placement. Their task would be to work with biological parents for the child's return home. If this is not possible, the task would be to free the child legally. The adoption units would be called into play when the child is free. They would recruit and study homes, prepare child and family for placement, place and service the family.

The teams would have to be carved out of the existing cadre. They would be cost-efficient in that children could be returned home or moved on to adoption. For the same money, more persons could be served.

Recently H.E.W. (Project #OCD, CB, 289) published a study by Warren and Ferman of practice in six states. The following was one of their conclusions:

> The agencies studied have followed national trends in that most have experienced a decrease in number of adoptive

placements. However, this masks a countertrend of a greater number of adoptive placements of handicapped children. Unfortunately, most agencies are still placing only a small proportion of these children in their custody. The critical factor in increasing such placements seems to be the designation of a special worker to concentrate on the placement of special-needs children. This is especially true when the special worker is part of a larger group that is able to provide her with extra support (38:65).

. Regional models. Large public and voluntary agencies often have branch offices scattered throughout the state. Counties and cities may have a public agency and several voluntary agencies operating in a given locality. Consideration should be given by the state-operated systems to merger or regionalization of services. Defects of the present state-supervised and state-administered systems are: 1) duplication of service; 2) lack of standardization--one branch may interpret policy different from another; 3) provincialism--branches tend to look out for their own needs rather than work within the agency as a whole. For example, a branch office may not recruit black families if it has no black children who need placement, while its next-door branch office might have the children; 4) isolation--one adoption worker in an office of other services feels isolated and lacks support and stimulation. Regionalization has proved effective where tried. States using regionalized services delivered by specialist adoption workers have been convinced that more children are better served.

. Combining public and voluntary efforts. Voluntary agencies and county public agencies could combine certain tasks for higher productivity at lower costs. For example, more and more agencies are jointly sponsoring recruitment campaigns. Pooling staff and money, they launch mass-media campaigns and share responses. This activity could be continued into orientation of new applicants. Other types of activities readily lend themselves to team efforts.

. Legal service. Legal services are costly. Most small private agencies do not have a full-time lawyer. Many pay by the case. It would be better for several small agencies to contribute toward employment of a full-time lawyer to represent all of them. One might draw from the group of conscientious law school graduates who staff public defenders' offices. This pool could be augmented by law students. In addition to being inexpensive, such teams would become especially skilled in adoption issues and therefore more productive than part-time legal services.

. Utilization of volunteers. More agencies should use adoptive and foster parents as team members, not just as fund raisers, but as service deliverers. In the Delaware Valley, the Adoption Resource Exchange is run by adoptive parents; in Texas, they recruit and screen applicants; in Kansas, New York and Michigan, they provide postplacement services. They can double or triple the service man-hours available. Agencies must become less fearful of taking risks, and must let nonprofessionals assist in what have previously been considered only professional tasks.

· Systems theory and marketing strategies. These should be utilized in the recruitment of adoption families. Demographic data on each community are available from the Census Bureau. Areas where different kinds of people work and live can be outlined on city and county maps. Hispanic, black and suburban neighborhoods are identifiable.

There is also a body of knowledge about marketing strategy. Social workers using demographic data and marketing strategy found more homes for more difficult-to-place children in less time and using fewer caseworkers than under the previous system.

· Network of special referral agencies. Each state, or at least, each H.E.W. region, should have one agency dedicated solely to the placement of hard-to-place children other agencies cannot place. This agency or unit would concentrate solely on adoption. It would not charge fees to parents. One of its express functions would be the transfer of its expertise to other agencies through consultation and training.

· Full-cost purchase of adoption services. Earlier it was pointed out that adoption costs less than any other form of placement service. Adoption is also a cheaper and better way of providing nurturance for a child. It is economical for an agency that has children it cannot place to let another adoption agency place them and pay the cost. The problem is that most agencies do not have this kind of arrangement, and where it does exist, full cost of service is not paid. All public agencies should have an arrangement for this purchase of adoption services. New line-item appropriations are not necessary. It is possible to pay the costs from present foster care money.

· Fully implemented subsidy programs. Better adoption subsidy programs can result in similar social and cost benefits, yet many subsidy programs are designed to keep people from using them. A major breakthrough would be for the federal government to underwrite costs, as it does other social welfare programs, and to allow the child's Medicaid eligibility to continue after the adoption. This would provide an incentive to families to take physically handicapped children. Agencies in Canada and Great Britain, where no-cost medical care is available, have no difficulty in finding families. By not fully and broadly implementing subsidy, U.S. agencies and the government are being penny-wise and pound-foolish.

. Leadership and staff training. It is surprising, in the face of the dreary picture of agencies and their staff problems and deficiencies that has been painted, that any hard-to-place children have been or are being placed. But they are, and this is due mainly to the presence in some agencies of strong leadership and a well trained, experienced and well supported staff. The leader and staff must be committed to adoption principles and must be willing to share with the family the risks involved. There isn't a substantial body of knowledge and experience about these placements that give a sense of security to those involved in them. Regardless of what is known, the placement may not work. The competent leader encourages placements and supports staff while realizing there will be disruptions. Fear of failure and an unwillingness by administration to view failure as a normal consequence of these placements combine to prevent agencies from working with hard-to-place children.

Staff development and training curriculums for both foster care and adoption workers should be developed and implemented with schools of social work or colleges offering the B.S.W. degree. Agencies might also combine staff and train them together. This would save time and money and improve agencies relationships as workers get to know one another.

. Improvements in interstate placements and exchanges. Adoption resource exchanges and listing services, excluding the national, should change their focus and activities. They exist only because an agency cannot place its own children and is looking for a family somewhere else. The exchanges' goal should eventually be to go out of business because agencies will have improved to the point that they are able to place most of their children themselves. Too few exchanges or listing services perceive that they should be helping agencies to place children themselves. Most are passive, rather than assertive. They should, but do not, assume the adoption leadership in their communities.

Exchanges should form regional groups, like the New England Exchange, the Midwest Adoption Facilitating Service and the Rocky Mountain Exchange. The leadership should come together at least annually in a national conference.

The interstate compact is a way of assuring cooperation between states in the movement of a child, but, like many other things, it can be effective only to the extent it is lived up to. It can deal with black market placements only if they are reported. However, there is no way of finding all the persons who just do not report, and no real sanction if they are found. The compact and the signatory states' laws or court rules should require the judge at an adoption court hearing to determine whether the requirements of the compact have been met.

Some compact administrators are reported to interpret the compact's provisions literally and to delay placement. The sections of the compact that define the administrator's role should be revised to be made clearer.

INDEPENDENT ADOPTIONS

Independent adoptions are those in which adoption is planned and implemented without participation of an organized social agency. There are four types of independent adoptions: relative adoptions; direct placements; intermediary--not for profit; intermediary--for profit.

The largest category of independent adoptions is that of relative adoption. Most frequently these involve a stepparent who adopts a spouse's child.

The second category of independent adoptions is that of direct placement made by the legal parent(s) to some one known to them.

The third category of independent adoptions is that of intermediary placement--not for profit. This may or may not involve payment of the mother's expenses. In such placements, the biological parent and prospective adoptive parents are usually strangers. Dealings between them are handled by an intermediary. Such placements are different from direct placements in that the biological and prospective adoptive parents are not known to each other and have limited knowledge of each other during and after the adoptive placement. This form of independent adoption is legal in 46 of the 50 states.

The fourth category of independent adoptions is that of black market adoption, intermediary for profit. The intermediary usually charges what the traffic will bear.

A practice closely related to black market adoption is that of falsifying a birth certificate. In these instances, no adoption proceeding occurs. The unwed mother is paid to enter the hospital under the name of the prospective parents. The newborn baby is then registered as the legal child of the prospective parents.

In summary, relative adoptions and direct placements by parents differ from intermediary placements in that the persons adopting are related or have been chosen by the legal parent(s) and exchange of money is not involved. Money is always involved in black market adoptions and may be involved in any intermediary placements. The dividing line between paying for expenses and paying for the child can be thin. What is a reasonable fee for professional services the mother must have? What are reasonable costs for her? At what point do these exceed reasonableness and become a bribe to the mother?

THE SCOPE OF INDEPENDENT ADOPTIONS

Here again we are handicapped by the absence of sufficient, reliable data. No figures are available on black market adoptions, because data have never been elicited in any reports. In addition, the secrecy that surrounds the activity prohibits any real grasp of its extent.

WHY DOES A BLACK MARKET EXIST?

History shows over and over again that the black market flourishes whenever there are fewer babies than there are persons who want to adopt them. From the standpoint of those who want a child, there is now an acute shortage of infants. The present situation has indeed created a "seller's" market.

Black market adoptions also meet the needs of some unmarried mothers. Some, particularly the very young, are afraid to go to social agencies, fearing they may be reported to authorities. Others fear being connected to a "welfare" program, having to attend a clinic, to qualify for Medicaid; they prefer being paid for superior hospital services. Some are financially distressed and see the black market as a way to ease their poverty. Some feel that "society" is getting a bargain, and they consequently are demanding a fee for giving "birth services."

EXISTING LEGISLATION

Five states have outlawed all independent adoptions, except for those of relatives--Connecticut, Delaware, Minnesota, Michigan and Massachusetts. Several other states are working toward such legislation. Most states require a social investigation prior to the granting of an adoption petition, for the purpose of supplying the court with information into the nature of the surrender of the child by the natural parent(s), the manner of the placement, and the suitability of the receiving couple to rear the child. Most of these investigations take place after the child has been placed--too late to prevent harmful placements.

Some states proscribe intermediaries or limit their role. Others specify that no money may be paid except for legitimate expenses. Unfortunately, some do not define the terms "placement" and "intermediary" or stipulate only that all expenditures in the adoption be itemized and sworn to by affidavit.

All states have laws preventing the buying and selling of human beings, but many of these laws are seriously ineffective. If a state has strict laws about who shall place and how this shall be done, the laws can be circumvented merely by having parents go across state borders and having the child physically placed in another state. The laws that govern the legality of the placement are those of the state in which the placement occurs, except for compact states. Black market profiteers tend to operate in states where children are most available, and where intermediaries are allowed to function. A way to avoid any state importation law is to transport the child "in utero." Thus the interstate compact can be avoided, since it applies to "children."

Many courts and prosecutors do not vigorously enforce existing statutes. In too many cases black market adoptions are not viewed as crimes, or at best as victimless crimes. Agencies affiliated with the Child Welfare League of America have detailed cases in which courts have referred flagrant violations to the prosecutor's office, but prosecutions were not pursued. Court calendars are clogged; the demand for all kinds of investigation exceeds the resources to complete them. These seemingly not-so-important cases are pushed down the list of priorities. To be effective, state laws regarding adoption must have sanctions strong enough to serve as a deterrent, and violators must be swiftly prosecuted.

STRATEGIES

Most citizens think black market placements should be stopped. There is no such agreement on independent adoptions. Most adoption professionals would like to see all independent adoptions outlawed, although there is no proof they are harmful to children. Some professionals and most adoptive parents and citizen groups think it would be wrong to give agencies a monopoly. This would reduce the chances of some couples to become adoptive parents. They believe that agencies aren't so expert as they claim, and that loose licensing permits poor agencies to exist. Adoptive applicants fear the monopoly of agencies. What if they are rejected? The majority of U.S. agencies do not have a grievance or appeal route for prospective adoptive parents who are rejected. They do not want agencies to have the sole power of withholding parenthood from them.

Those in favor of outlawing independent adoptions believe that this would resolve the problems of the black market and of amateurs in practice. Furthermore, they believe that only middle class to rich people can afford independent adoption and their monopoly of the supply of available children would deny them to the poor. They think that only agency adoptions offer safeguards to biological parents, children and adoptive parents.

What is to be done? One solution is to recommend that states outlaw independent placements with two conditions: 1) improved licensing and regulation of agencies, and 2) mandated grievance and appeals processes for applicants.

A middle ground solution would be aimed in two directions: 1) Prohibit by federal law the interstate and foreign independent placement for profit. The law should spell out what is profit as opposed to reasonable fees and should contain tough sanctions, perhaps criminal penalties. 2) Require that all contemplated independent placements be investigated prior to placement. This would protect the child from being placed in a poor situation. It might ensure that the biological parents receive services and have their rights protected.

In addition to any changes in law, the most important action is the education of the judiciary on this subject. This might be achieved through articles in appropriate journals, the issuance of position papers by the administrators of courts to judges, and the insertion of adoption content in judicial seminars.

INTERCOUNTRY ADOPTIONS

As has been noted, whenever the demand for babies exceeds their availability in agencies, the adoptive applicants' search becomes more intense and far-ranging. Applicants not finding children in this country have sought them in others. In the 1940s and 1950s European children, the most desired, were placed here. As European countries developed their own capacity to place, fewer children were placed outside. In the late 1960s a number of Canadian children were placed with American couples. Although this flow has decreased, many Canadian Indian children still find homes with U.S. families. Today, except for relatives and a few children known to the families, few children from Europe move to the U.S. The major activity in intercountry adoption for the last 15 years has been with Asian and U.S.-parented children in China, Korea, and Vietnam, and more recently children from South and Central America. Intercountry adoptions represent a small proportion of the total number of adoptions in the U.S. In 1974, there were 4770, an increase of 149% from 1968, when the figure was 1612 (37).

PHILOSOPHICAL CONSIDERATION

The ethics of intercountry adoptions have always been controversial. Some political opponents view the practice as another example of the exploitation of the war-torn or underprivileged countries by U.S. citizens.

On the other hand, there are groups and agencies in the U.S. that exist to expand multiservice child welfare programs in underprivileged countries. Many were begun under religious auspices and are based on the religious belief that one should minister to the poor. Adoption is one part of a large program, and is first attempted in the child's country. The goals are to provide local or international resources to meet children's needs and to "facilitate the development of local programs so that children's services will continue to be available in the future."

The philosophical issue to be resolved is under what circumstances U.S. citizens or agencies should be allowed to engage in intercountry adoption. The Child Welfare League has taken the position that countries should be helped to develop their own child welfare services. It is not appropriate only to look for children to adopt and bring here, without a strong commitment to improving the situation in their homeland (28).

There are also extremely practical problems in implementing an intercountry adoption program. International adoption procedures are complex. There are differences among countries as to what constitutes a legal termination of parental rights and who are eligible adoptive parents. U.S. agencies often do not know of trustworthy, licensed agencies in other countries. Private individuals and citizen groups are negotiating for placements in foreign countries with little knowledge of the diplomatic consequences. Some state agencies are being forced, as a result of citizen lobbying efforts, to study applicants for foreign adoption while applicants for their own children must wait.

SOLUTIONS TO THE PRACTICAL PROBLEMS

Relief from the problems of complexity, diversity and lack of knowledge would involve a combination of compilation, codification and training. The national adoption leadership should collect and disseminate précis of the laws of the countries involved. A better remedy might be to urge the United Nations to establish an international adoption code. Whichever course is chosen, more and better training in these areas should be offered practitioners.

The problem of the "unprofessional placement groups" might be resolved through regulation. But what kind? A major responsible international agency, Holt Adoption Program, and several responsible citizen groups are pressing for this remedy. Consideration should be given to whether the concept is workable. A major focus should be sanctions that could be brought for noncompliance. The only alternative to self-regulation is government regulation. This could be accomplished by amending the Immigration and Naturalization Code to

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require that all international adoptions by individuals and agencies be approved by the individual state. An adoption official within the state would judge the propriety and suitability of the placement.

The cost of intercountry adoptions can be handled in several ways. Families could be asked to bear all of the costs, or to share them with the local government; or the government could pay in toto. The decision would be made by each local government. Questions about services should be raised in instances where any government chooses to pay the full cost of international adoption, if it is not providing the same services to its own children.

ISSUES SURROUNDING ADULT ADOPTEES SEEKING INFORMATION AND/OR THEIR BIOLOGICAL PARENTS

A new problem for adoption practitioners involves the adopted adult who requests identifying information about his or her biological parents. The issues posed by this are complex and defy simple solutions. It is a serious problem that must be addressed. There is a paucity of research and guidelines in this area, and the research that does exist was carried out with small groups, and with results that are frequently contradictory.

The first problem is one of assessment. Is the search for information healthy or pathological? The response among practitioners is divided. Some view as pathological the need to seek information about the parents, or to meet the parents. Others see this as a normal step in the formation of identity by adopted adults, who seek to end their "genealogical bewilderment." As a first step, it is important for a practitioner to sort out how he or she feels about this, because what one does or does not do in these cases will flow in part from this initial determination.

Divisiveness and a lack of unanimity mark the responses to all questions being discussed on this issue. What is clear, however, is that more adult adoptees are returning to agencies and asking for information. Increasingly, requests are made for medical history, the whereabouts of siblings, the social background of biological parents, and--the final, most sensitive issue--identifying information about biological parents, including names and addresses (18:33).

Agencies are confused about their role. Most believe they should give nonidentifying information and do so. But even here there is controversy. Should one tell all? Should social pathology be shared? Should subjective and sometimes erroneous speculations and conclusions of former caseworkers be told to adoptees? There is strong resistance to sharing pathology that does not seem to have a definite bearing on the adoptees' development. Should agencies give any nonidentifying information at all? The thorniest issues surround the giving of identifying information that could lead the adoptee to find the biological parents. The cultural and historical tradition of U.S. adoptions has been to cloak the adoption with secrecy and keep confidential the names of the biological parents. This is done to protect the adoptive parents from interference in child rearing from the natural parents, to protect the child from the stigma of illegitimacy and/or other pathology, and to ensure that the biological parents may lead their lives free from the harm that the knowledge of the child's birth and placement might cause. Both adoptive and biological parents were assured this confidentiality.

In all but four states various adoption records are sealed by the court. Laws indicate that the records may be opened only for good cause.

Agencies are reacting in a variety of ways. Some hold that they cannot and will not give identifying information without court order. Others say they can give it only with the biological parents' permission, which they seek. Still others give identifying information solely and simply on the basis of the adoptees' request. Their rationale is that the adult adoptees' right is paramount to that of the adoptive or biological parents'. Little is known about how these latter two groups feel, since most of the persons speaking out on this issue come from agencies or adoptee groups.

The complexity of the issues includes questions about the ethics of giving information about siblings, particularly if they are minors. Several major court suits have been filed requesting the court to resolve these issues.

Although there are as yet no universally accepted procedures for past adoptions, several steps are indicated for present and future ones.

1) Both biological and adoptive parents must be informed about and prepared for the possibility that the adoptee may search for birth parents.

2) Agencies should ask both adoptive and biological parents to inform them in writing how they would like the agency to handle any adoptee request for information.

3) Biological parents should be asked what social information not having a bearing on the child's development they would like to be revealed to the child and the adoptive family.

4) Biological parents should be urged to give the agency medical history information that might have future significance, so it can be passed on.

5) If siblings are placed in different adoptive families, each family should advise the agency whether they would like the other sibling to know their identity and whereabouts.

6) The adoptive child's background should be shared with adoptive parents, in writing.

7) Agencies must strengthen and extend postadoption services to both biological and adoptive families, to help them cope with an adoptee's quest for information.

In addition, research and demonstration projects should gather information on the most efficient and helpful methods for dealing with this phenomenon, as well as its legal aspects.

THE ROLE OF THE LEGAL SYSTEM

This paper has mentioned problems in adoption caused by conflicting, vague or newly interpreted laws, as well as by attorneys, judges and social workers who are poorly prepared and unsophisticated regarding adoption. The following is an elaboration and summary of these issues.

STATUS OF LAWS

The termination and adoption laws across the country vary and in some cases conflict. 1) Relinquishment proceedings differ in their requirements and even in their effective dates; most are still voluntary, although there is strong movement to judicial termination. 2) It is not clear whether one state's guardianship can be transferred to another. 3) Notification and involvement of putative fathers varies from place to place. 4) Subsidy laws vary in eligibility and duration. 5) Most states do not have effective means of preventing interstate black market placement.

The number of interstate placements is growing, and more uniform legislation among states is necessary. Current attempts to create model termination and subsidy laws may be helpful, but do not go far enough. What's needed is a complete model adoption code that would provide guidelines for every aspect of adoption, from freeing a child through court finalization.

The quality of legal representation available to children, biological parents and adoptive parents varies widely. It is thought that most attorneys handling adoption-related cases do not handle enough of them to develop the kind of knowledge a specialist should have, particularly with the new complications. Specialists are few because lawyers may prefer more varied or challenging cases; it should be added that adoption cases do not pay well. Training of lawyers might be improved in law school by seeing that a unit of the family law curriculum addresses adoption issues. Practicing law institutes can be offered on these topics. More articles should be placed in law journals. Agencies and organizations should pool resources and share a cadre of attorneys. Agencies should also have these attorneys represent adoptive parents in court, or, if this is not possible, pay legal fees for an attorney. Legal costs should be included in the expenses of a child's placement, which should not be borne by adoptive parents.

Social workers should become familiar with laws of evidence and testimony. Case records should be kept in such a way that they are useful tools should the clients have to come to court. Workers need help to deal with their feelings about testifying "against" their client. Evidence should be sifted to remove cultural or racial bias. Workers and aides can be trained as paralegal assistants and could substantially reduce the time a lawyer has to spend on a case.

Judges also need orientation and training. Meanwhile, there are some pressing issues that have to be resolved. Perhaps task forces of lawyers, social workers and psychiatrists could meet and formulate position papers on the following issues:

1) Due process consideration in notice and hearing of putative fathers vs. social service considerations of timely placement and confidentiality.

2) What constitutes reasonable grounds for termination of parental rights?

3) What is acceptable evidence of parental unfitness?

4) What are rights of foster parents vs. biological parents?

5) Rights of putative fathers vs. rights of unmarried mothers.

6) Adoptive parents representing themselves in court.

7) Different standards of evidence in independent vs. agency adoption.

8) Failure to enforce statues prohibiting intermediary placements.

9) Role of the court in foster care review.

10) Role of the court in the determination of adoption subsidies.

11) Lack of knowledge of termination and adoption laws in other countries.

12) Are court orders necessary to unseal an agency's adoption records?

13) What are the rights of foster parents to bring actions for custody?

ROLE OF THE FEDERAL GOVERNMENT

What should be the role of the federal government in the welfare field? We can probably trace the debate back to the Federalist papers or earlier, and can be sure that it will continue decades into the future. The trend from the 1930s and the passage of the Social Security Act until recently was toward increased federal involvement. We now see efforts to curtail federal intervention in all areas. Proposals for a block grant to states for all social services is evidence that this is the new direction.

Child welfare services have improved only through strong federal leadership and financing. The Children's Bureau was instrumental in that improvement, but the gains seem to have been weakened by the fragmentation of responsibility for children's services throughout H.E.W.

The Oliphant study on AFDC foster care and an examination of revenue sharing indicate that children's services get less of the resources when they have to compete with stronger interest groups on the local level (26).

Fewer mandated children's services and more local options will result in weaker programs. Among child welfare services, the lion's share will probably go to day care and child abuse programs. Less will be apportioned to adoption or return homes for children in foster care.

We recommend that the federal government take a stronger stance.

1) The Children's Bureau should be strengthened.

2) The Children's Bureau leadership role should be augmented. Consultation and specialist staff should be expanded. A national "Permanence Planning Unit" should be created, perhaps with responsibility for planning and formulating policies and strategies for returning foster children home, as well as placing them in adoptive homes. Tasks should include research, data collection on problems, and nationwide implementation of solutions. Guidelines for practice and administrative systems should be designed and offered to agencies and local governments. Consultation and training should be arranged. Regional staff may have to be augmented. The Children's Bureau should be an information center, sharing information and giving help on children's problems and agency services in a much broader and deeper way than is now possible.

3) Adoption should not be considered as it traditionally has been--a form of substitute family care alongside foster care and institutionalization. It should be seen as part of a larger constellation of services employed to provide children with permanence (a continuous, stable, nurturant environment). Return to biological parents should also be a goal. Viewing adoption in this way has certain benefits. It makes it clear that children are the focus of the service; adoption does not mean finding children for families, but finding families for children. It emphasizes to the biological parents that there is a range of options available to them, and that they can be helped to keep their children if they choose. Such a "permanence" team would need better linkage to homemakers, day care and other supportive services than now exists.

4) The federal government should mandate and fund "restoration" or "permanence" services; they should not be a local option. A higher federal share in funding should be assigned to these services than to foster care or institutionalization. The match should be on a sliding scale, with the most successful states receiving a more favorable ratio. Adequate monitoring would be necessary. Restoration and permanence services would prove cost-effective in the long run.

5) Case-tracking and auditing units should be set up as a mandated and federally funded system. Drifting and purposelessness in services are costly in lives and money.

6) Medicaid programs should be interlocked with subsidized adoption to provide medical services in the most cost-effective way. Federal financial participation should be available to states for subsidy programs.

7) Funding and leadership should be made available for an interlocking system of state, regional and national adoption resource exchanges.

8) Grants-in-aid should be made as seed money to newly emerging specialist agencies concentrating on placement of hard-to-place children and to groups of agencies wishing to regionalize services.

9) Funding and encouragement should be offered to parent and citizen advocate groups.

10) The federal government should no longer just design model laws, no matter what the scope; it should design the model for the entire system. For example, a model subsidy law is a small part of a larger system needed to implement this program--model administrative systems, flow charts, forms, administrative manuals, systems for financing subsidy, and models for staff and community education.

11) Training appears at the top of most staff needs-assessment lists. All of child welfare suffers from a lack of it. Although the obvious solution to insufficient staff is more staff, child welfare workers could do more work more effectively if they were better trained. And management needs leadership development courses. Ideally, child welfare institutes could be scattered throughout the U.S. Affiliated with colleges and universities, they could provide professional, as well as in-service, training. Faculty could be drawn from existing agency staff. Schools could serve as centers for research and as compilers of information from the field. Exchange classes could be arranged with other professional schools--law, medicine and business.

12) Purchase of adoption services should be advocated.

Short of a strong, aggressive leadership position that mandates service, H.E.W.'s role will be a rather ineffective holding action against erosion of services. There will be no strong national presence that speaks to the needs of children and "serves the interest of all."

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THE DELIVERY OF CHILD WELFARE SERVICES TO MINORITY GROUP CHILDREN AND THEIR FAMILIES

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Acknowledgments

The author wishes to acknowledge the comments, suggestions and assistance of Edmond Jones of the Hillcrest Center for Children and his wife Dorothy, George Silcott of the Wiltwyck School, Kenneth Watson of the Chicago Child Care Society, Odessa Sayles of the Harris County Child Welfare Unit in Houston, Joseph Reid and Gloria Chevers of the Child Welfare League of America, Jack Meltzer of the School of Social Service Administration, and finally, Roland Kulla.

INTRODUCTION

This paper identifies issues and problems in the provision, utilization and effectiveness of child welfare services to minority group children and their families, and analyzes them in the light of current literature, unpublished opinions by child welfare administrators and practitioners, and research reports. The policy and program implications of this analysis are set forth, and strategies and goals for the future are suggested. Although the focus is on black children and families, the policy implications may relate equally to children of other minority groups whose social circumstances are similar.

The field of child welfare is a specialized field of social work concerned with "providing social services to children and young people whose parents are unable to fulfill their child-rearing responsibilities, and whose communities fail to provide the resources and protection that children and families require." (Kadushin, 1974, p. 5.) This definition provides the broad perspective for focus on minority children, placing services to these groups within the aims, responsibilities and commitments of the field and the general society.

Concern with the needs of black children is both timely and relevant. Many of the issues and problems raised in relation to minority-group children, especially blacks, parallel those affecting children and families in the general population. Thus, the charges that American child welfare programs, rooted in the English Poor Laws, are less concerned with protecting children than with punishing parents; that program organization contributes to family breakdown rather than strengthening family life; and that the society pays lip service to a commitment to children are manifestations of the overall state of inadequacy and deficiency in the conception and implementation of child welfare services.

Perhaps the most comprehensive analysis of the condition of children in American society is the report of the Joint Commission on Mental Health of Children (1970). The Commission charged that "this nation, the richest of all world powers, has no unified national commitment to its children and youth." The report also charged that we lack a meaningful investment in children at the national, community and personal levels, and as a consequence millions of American children are "ill fed, ill housed, and ill educated." Among the Commission's most striking findings is the need for mental health services by almost 10 million persons under age 25.

Kadushin suggested that child welfare services may be categorized as supportive (services that help intact families carry out their role), supplementary (services that protect the family and/or guarantee its stability), or substitutive (services that offer alternative living arrangements for children until parents are able to resume care or, when this is impossible, offer a permanent nurturing environment for children). Using this categorization, one sees increased knowledge, significant instances of improved services, and a general heightening of consciousness of the need and value of services at each of these levels. It is apparent, however, that the predominant picture is one of deficiencies, gaps and lukewarm commitment in the nation's child welfare arrangements.

If the foregoing describes the prevailing situation for children in general, the situation for black and other minority-group children is worse. This is true because of their peculiar status and condition in society and, importantly, because of the prevailing negative attitudes toward them and their families. The view that minority-group children receive insufficient, inadequate and often inappropriate services is widely held both by minority- and majority-group spokesmen.

Billingsley and Giovannoni (1972) attributed the social context surrounding the lives of blacks to the racist attitudes that limit or prevent their access to the opportunities of the society. Focusing on black adolescent girls, Ladner found that stereotyping and denigration of black women was related to racism. Poussaint and Comer (1975), commenting on racism, pointed to the social conditions--poverty, unemployment, poor housing, discrimination--under which black people live as the cause of many of their problems. A child's life chances are to a significant extent determined before his birth. Poussaint and Comer observed that black women have often carried their babies without benefit of a balanced diet and adequate medical care, and thus their children run the risk of illness, weakness and mental retardation.

At the root is racism. Almost without exception, this declaration has been made by black scholars, child welfare practitioners and men on the street.

> The system of child welfare services in this country is failing black children. It is our thesis that the failure is a manifest result of racism; that racism has pervaded the development of the system of services; and that racism persists in its present operation.

> . . . Racism manifests itself in the present system of services in three major ways: 1) the kinds of services developed are not sufficient to the special situation of black children; 2) within the system that has developed, black children are not treated equitably; and 3) efforts to change the system have been incomplete and abortive. (Billingsley and Giovannoni, 1972, p. 3)

The debate over transracial adoption provides a telling example of the concerns of blacks about racism, highlighting what blacks perceive as the deficiencies, gaps and inconsistencies in the child welfare system, and how these are related to their condition in society, whether or not one agrees with the view of many black professionals and laymen (that transracial adoption posed "a growing threat to the preservation of the black family" (New York Times, April 9, 1972)).

Given the goal of the child welfare field to enable families within a pluralistic society to provide a nurturing environment for children, this discussion will clarify the conflict between the child welfare needs of black and other minority-group children and families and the goals of the field, as well as the discrepancy between policy and practice in child welfare programs.

The provision of strategic approaches and resources to increase the adequacy of child rearing is seriously lacking in child welfare programs serving minority populations. The roots of this deficiency can be found in the philosophy and implementation of social policies dealing with income maintenance programs. This philosophy holds, in essence, that limited spending for grants to families will enhance incentive, while meeting full financial need will destroy it. Jones (1975) pointed to several pernicious effects of this approach: 1) the social worker is reduced to being a buffer between the client and the larger social system, assisting the client to adjust to unsatisfactory living conditions; 2) direct practice methods are thus limited to emphasis on the client's "personal" problems, with little or no attention to community action and social strategy, etc.; 3) unrealistic solutions, such as emphasis on jobs when none exist, especially for unskilled minority group persons, are attempted; and 4) programs are left with a focus on family planning and/or problems considered the result of the minority person's "deprived" or "deviant" life style.

Child welfare programs stemming from such a philosophy are destined to fail because their premise is faulty. Evidence for this conclusion is found in a report by Fanshel and Grundy (1975), who surveyed the child welfare program in New York City. The report described the condition of blacks and other minorities in the child welfare system, and questioned the field's real commitment to preservation of the natural family by supporting it. A striking and relevant finding was that among the nearly 27,000 children in care in New York, one out of two is black and one out of four is Puerto Rican. Over 80% of the children in care in New York are black or members of other minority groups. That blacks are disproportionately represented in the child welfare system was shown again in a 1973 national survey by the Boys and Girls Aid Society of Eugene, Oregon. This study revealed that although black children totaled less than 20% of the children adopted in 1973, they composed 40% of the backlog of children waiting for adoption. (Quoted in Black Child Development Institute [BCDI], October 1974.) A major goal of child welfare is assuring and protecting the right of every child to a nurturing environment. The first order of defense in this connection is the restoration of the natural family. Given Fanshel and Grundy's finding that the mean number of years in care for children in New York exceeded five years, and Kadushin's finding that the older children whom he studied spent an average of three and one-half years in foster care prior to adoption, and given the evidence that black and other minority children are overrepresented among these children, the spirit and goal of restoring the natural family face a serious challenge. Specifically, one sees a serious gap between the goals of setting specific time limits for substitute care and providing effective review of the progress of the family.

An area in which the goals of child welfare and the needs of minorities are at odds is in the development of objective and feasible criteria by which family dysfunction may be recognized. The failure to develop these means has been recounted on numerous platforms and in the literature. (Joint Commission on Children, 1970; Chestang, 1971; New York Times, 1972; Finley, 1973; Jones, 1973, 1975; and Silcott, 1975.) The central theme emphasizes the misrepresentations, misunderstandings and distortions of black family life and the relationship between these and the inadequacy of child welfare services. Billingsley (1968) sought to dispel some of the myths and distortions about black families by showing that these families are embedded in an inequitable social system. Jones (1975) and Silcott (1975) made similar points. The core issue is the removal from their homes of black and other minority-group children because of neglect or abuse, when the basic cause of the family's dysfunction is poverty. Social agencies and their agents, acting on the presumption that poverty and its attendant conditions necessarily warrant removal of children, in effect subject these families to standards more rigorous than those for families in general. The collective racism of the society and the individual racism of some practitioners may play a role in this situation, but beyond this we are without objective and feasible means of identifying real family dysfunction.

The problem is aggravated by the failure of many agencies to equip their staffs with adequate knowledge about black and other minority groups, family styles and social organization. When the deficiency of financial resources and the disproportionate number of minority families in the child welfare system combine with negative attitudes and the ignorance of staff regarding these groups, the goals of child welfare as related to minorities become abstract ideals without the possibility of realization.

CONCEPTUAL FRAMEWORK AND ASSUMPTIONS

The basic premise of this paper is that black and other minority-group children and their families are in need of the same range of services required by all children and families in society. The status of black children and families in the child welfare system, however, cannot be discussed apart from their status and condition in the society at large. Over the last decade, the literature has been replete with discussion of the impact of the social inequities confronting black and other minority children and families. (Jenkins and Morrison, 1974.) This writer (1972) suggested that the social problems confronting black people can be categorized as follows: social injustice, societal inconsistency, and personal impotence. These three conditions, together with a style of coping and adapting to their negative effects, compose the essence of the black experience. Through an examination of these conditions, we can sharpen our understanding of black culture and its importance in planning child welfare services for this group. Much of the current research in child development and cultural anthropology suggests that minority populations, including their cultures and personality traits, are best understood not by traits or categories, but through a description of the relationships between them and their social environments. Approaches to personality theory that seek to understand people by listings of traits are not useful. W. Mischel (1968) noted the clear finding of contemporary personality psychology that every person responds differently to the same objective stimulus.

How then shall we find our way through the maze of individual differences to a path that gives consistency to our understanding of the relationships between the minority person's culture and character and his social environment? The writer suggests that we strive for clearer and more precise descriptions of the process by which the minority person deals with the conditions surrounding his existence.

Social injustice refers to the denial of legal rights. Although in recent years there has been a diminution of the more flagrant displays of this form of discrimination, there remains ample evidence of its presence. The Civil Rights Act of 1964, the Voting Rights Act of 1965, and myriad affirmative-action programs suggest that the heritage of segregation and Jim Crow is still a potent infringement on the legal rights of black people, though discrimination is expressed in politer form. *Social injustice* further implies lapses in implementing the legal protection mandated by the Constitution and numerous federal and state codes.

The effect of these lapses is to limit the access of blacks and other minority groups to opportunities for employment, health care, education and, in many instances, equal protection before the courts. Evidence for these assertions is seen in a comparison of median incomes of black and white families. In 1969, 50% of black families, compared with 17% of white families, had incomes below the poverty line. (Profiles of Children, 1970.) Poverty is a pernicious condition that threatens the physical as well as the psychological well-being of blacks. The rate of maternal deaths among blacks per 100,000 live births was twice that for the white population. Similarly, while the infant mortality rate has been declining since 1940, blacks are behind here, too, by about 15%. (Profiles of Children, 1970.) If we assume the importance of care by the mother during the first years of life, here again we find a disparity between black and white children. The proportion of black mothers in the labor force whose children under age 3 must be cared for while she works exceeds by nearly 100% the proportion of such white mothers. Similar differences in the relative status of black and white families can be found in almost every area (*The Social and Economic Condition of the Black Population in the U.S.* (1972)). Significant improvements have been made in the last decade, but unequal opportunity and unequal treatment of blacks in American society persist.

Societal inconsistency refers to the more subtle destructive forces in society, denoting the sense of personal rejection of black persons through the manners, morals and traditions of society, and expressing the rejection of blacks through informal means in person-to-person transactions. It is important to distinguish between *social injustice* and *societal inconsistency* because although the former can potentially be redressed in the courts, the latter represents negative attitudes, held by many members of the dominant society, not subject to change by legal intervention. Negative attitudes are a critical aspect of the black condition, because they are experienced by blacks as personal assaults on self-image and self-esteem. Confronted by social injustice, the black person can retreat to group supports and the protection of his awareness that he, as an individual, is not singled out for disparagement and denigration. In the case of societal inconsistency, however, the individual must consider alone the implications of the aspersions cast on his personal sense of value, worth and dignity.

A sense of personal impotence is the consequence of exposure to social injustice and societal inconsistency. It not only diminishes feelings of autonomy and self-worth, but generates feelings of fear, inadequacy and insecurity in blacks regardless of social class, although these feelings are behaviorally more apparent among the poor.

Black persons have had to develop patterns of response that allow them to diminish or otherwise cope with the deleterious and corrosive effects of these conditions on their dignity as human beings. It is these patterns of response that are the essence of black culture.

The black person finds emotional solace within the black community. Here are the comforts of family, the protections of supportive institutions such as churches, fraternal organizations and civil rights groups. Here the black person has an opportunity to build self-esteem through the exercise of talents and skills, to develop a sense of personal identity through enduring relationships with family, friends and significant others, and to struggle in the company of others who face common barriers to the pursuit of a better life. These assets are not to be underestimated in their contribution to the sense of competence and efficacy that the black person gains through functioning in the black community. In another article (in press) this writer has used the term nurturing environment to summarize these critical inputs. The peculiar position of blacks in American society, however, renders these valuable inputs palliative rather than antidotal, for the black is not a marginal person living fully within one world and on the fringes of the other. The black is instead a bicultural person required by circumstance and for survival to dwell in two worlds, the world of black community and the wider society.

A special quality, then, of the black experience is the imperative to dwell in two cultures. The wider society houses and controls those features of culture necessary for physical survival, i.e., goods and services, political power, economic resources and education. Were it not for this, blacks could conceivably function without significant interaction with the wider society. It is questionable, however, whether this could be achieved, or, if it could, whether a majority of blacks would find it desirable. But there is still another reason that militates against the election of that course by a significant number of black persons. This reason is related to the long history of blacks in this country, a history that includes the eradication of their own heritage through slavery and, some historians say, the even more profound denigration of blacks during Reconstruction. According to Fogel and Engerman (1974), as early as 1780 the majority of slaves had been in this country for five generations. They concluded that because of the proscriptions against speaking their own languages, adhering to their old-world traditions, or continuing former patterns of social organization, blacks were forced to adapt to the only culture they knew. Herskovits (1958, p. 120) in his Myth of the Negro Past, reached a similar conclusion. It can be said that blacks are members of their own society and members of the wider society at the same time.

The eradication or attenuation of the African heritage does not completely explain the duality of black culture. Black participation in the dominant culture involves the recognition of the constraints on the black person's pursuit of the wider society's cultural aims. The black person is in the peculiar position of being a bearer of a culture under constraint of circumscribed and conditioned participation in it. This situation leads to a split in the acculturative process that is reflected in a duality of response.

In his nurturing environment, i.e., the black community, his needs for dignity, self-esteem and worth are met, and he invests himself emotionally in its values, traditions, and other forms of social commitment. But because he is aware of the limits on his participation in the wider world, he makes an instrumental adaptation to it--one of pragmatism, cynicism and distrust; he develops a utilitarian posture in relation to its rejection and denigration. Black culture represents the characteristic forms used by blacks in that adaptive process.

Silcott's charge (1975) that black children are subjected to unnecessary placements that serve institutional interests rather than family interests; Jones' analysis (1975) suggesting that the need of money is often the root of the evil of placement of black children; and Fanshel and Grundy's survey showing the disproportionate number of blacks and other minorities in New York City's child welfare system are evidence in support of the idea that discrepancies exist between child welfare goals and child welfare practice. These discrepancies are perpetuated by a system of myths and misconceptions about members of this group and their culture, stemming from a failure to understand the relationship between the social conditions under which black people live and the cultural forms that have been developed as a means of coping with those conditions. This misunderstanding has led to inappropriate and prejudicial perceptions of black people as a group. (Billingsley, 1968, pp. 21-31.) Black children and families in the child welfare system are affected by these myths to an inordinate degree. Indeed, it has been suggested by some observers (Billingsley and Giovannoni, 1972; Jones, 1973; BCDI, 1974; and Silcott, 1975) that these misconceptions are responsible for the entry into the system of many black children and families. Convincing evidence that supports this contention is contained in Marvin Wolfgang's longitudinal study, Delinquency in a Birth Cohort, in which he commented:

> As we pursued analysis of the available data, we became increasingly aware of the differential dispositions based on race. Not all factors that enter into decisions of police officers are known or available to us. . . . But however we split and spliced the material at hand, nonwhites regularly received more severe dispositions. (Wolfgang, 1972, p. 128.)

This comment concerned the juvenile justice system. In other areas of child welfare practice, racial stereotypes and prejudices operate in ways that are not so well documented, but are equally harmful in their consequences.

Myths about black families, black child-rearing patterns, and black culture are the most pervasive ones, and have their greatest impact on child welfare services to this group. Large numbers of black children grow up in single-parent families, and it has been shown that low income is most prevalent in families headed by females. (Profiles of Children, 1970, p. 22; Snapper, 1975, pp. 8-12.) These observations have been used to make two related points: 1) that the single-parent family is inherently unfavorable to a child's development, and 2) that the black family, in the main, is in a state of disorganization. (U.S. Government, Department of Labor, 1965.) Although there is a large amount of evidence that disproves these contentions (Billingsley, 1968; Hill, 1971; and Scanzoni, 1971), the "disorganized black family" myth still persists and affects child welfare practice. Some observers (Finley, 1973; Jones, 1975; and Silcott, 1975) contend that black children are unnecessarily removed from their homes on the assumption of poor parenting. This assumption is attributed to cultural and value differences between black consumers and white providers of service. Although the assumption of poor parenting has not been documented, the socioeconomic disadvantage of black families, combined with their low status, makes the assumption appear plausible. It is buttressed by certain other considerations: black and other minority males are four times more likely to contract tuberculosis than their white counterparts (Profiles of Children, 1970, p. 27); black and other minority mothers are more likely to die in childbirth--three times more likely--than their white counterparts (p. 40); and black and other minority infants are more likely to die than white babies (p. 47). That minority status, compared with the position of whites, is associated with a host of other disadvantages was summarized by Kadushin as follows:

> Life expectancy is lower; median income is lower; lifetime earnings are lower; level of educational achievement is lower; frequency of accessibility to adequate medical care is lower; accessibility to higher status jobs is lower; home ownership is lower; the percentage of the group covered by any kind of health insurance is lower. (1974, p. 67.)

It is this generally unfavorable position of black families in relation to social institutions--especially those involving economic considerations--that has led to a unity among black leaders in calling for improvement in the economic status of black families as the most viable antidote to the myths about their dysfunctionality. Poverty, not poor parenting, is at the root of many of the child welfare and other social problems faced by these groups. Poverty, not paternal absence, is a better explanation for family disorganization among these groups. And again, it is poverty, not cultural deprivation, that limits the opportunity of black children and children of other minority groups to engage in activities that enhance their future.

The double jeopardy of racism and poverty, then, is the fundamental problem confronting minority groups, and any meaningful efforts to solve the problem must address these factors. Wide recognition of the role played by racism and poverty in the development of black family structure, child-rearing patterns and other cultural forms would significantly dispel the common perception of these forms as deviant.

The various structures manifest among many black families (Billingsley identified types) represent attempts to deal with poverty and racism. Families that include relatives and friends, families headed by females, and families whose major source of income is public welfare do not support the myth of deviancy. These family structures are necessary for survival in a hostile environment, and they show the range of adaptive strategies used by black families to cope with their social circumstances.

Similarly, the commonly observed early independence of black children, their capacity for self-care at a tender age, has been misconstrued as evidence of parental neglect. The mothers of black and other minority children represent the highest proportion of mothers in the labor force. (Profiles of Children, 1970, p. 62.)

They work to survive. Our point is not to endorse parental absence from their children, but to reject the assumption of parental culpability, and place the blame where it belongs--on the social conditions under which these families live. In this connection it may be noted that risk factors for all families, whether mothers are employed or not, are highly associated with fathers' incomes. An income under $7000 doubles the chances that mothers will be employed, and, since the median income of half of all black families was below that figure in 1969, it is probable that the proportion of black children whose mothers are working far exceeded that for white children. (Profiles of Children, 1970, p. 61.) Thus any disparity between black and white mothers as to their availability to their children must be attributed more to necessity than neglect. Further, if children whose mothers are absent because of employment learn early to care for themselves, it is to their credit. For them not to do so would certainly increase their hardships.

It should not be concluded that black children are left to their own devices in their mothers' absence. The varieties of child care arrangements used by families in general are used by these families. And more: there is the network of kinship and other relationships within the community that serves to monitor, admonish, discipline and protect children. The value of this network is not to be underestimated. The decline in its effectiveness due to urbanization and other social changes does not mean that it has ceased operation. What is called for is an increased support of this cultural instrument by the child welfare establishment.

CURRENT NEEDS

This paper has described the status of black and other minority children in some detail. The implication of that status is the need for increased commitment to the needs of minorities by the federal government. Such commitment must first be felt, then translated into action. How can this be done? Although the child welfare establishment cannot "take on" the society, it can assure that commitment to children, particularly to minority children, becomes the hallmark of its programs. Minority children need an advocate at the federal level.

Their interests involve, among other considerations, support for natural families, whatever their structure. This is important in the light of what we know about black adaptive patterns and the central place we assign to the family unit. Support for the natural family is also important to prevent the necessity for intervention by external sources. Minority families especially need help before they are overwhelmed by poverty's effects.

Among the supports needed are the following: 1) provision of income levels adequate to meet basic needs in a manner in keeping with dignity; 2) child care to aid minority mothers at times of crises (day care services and homemaker services are much needed but scarcely available); and 3) affirmation of the role of all mothers, but especially minority mothers. Bronfenbrenner (1976) observed that institutional supports for the maternal role and functions are woefully lacking in American society. This problem is heightened for the minority mother. Because she is often poor and must frequently seek public assistance, she is literally driven from her children by governmental policies that require her to find employment. Reversing this situation would entail developing programs that encourage and facilitate care of children by their own parents. Such programs should reduce the pressure for employment as a condition for financial assistance to mothers of children under age 6.

Many black and other minority group children inevitably require child welfare services because of the social impingements of their lives (although some of these families, like all families, are unable or unwilling to care for their children). The aim of the child welfare field to return children to their natural families is far from achievement, especially for black and other minority group children. A major need is to develop programs that take seriously the goal of returning children. This will require support at the national level--support reflected in policies that encourage family autonomy and specify conditions under which it is necessary to remove a child. Wald and Burt (in press) would limit coercive intervention to specific conditions and require agencies to show what actions had been taken to relieve the situation. Removal would be a last resort, and permanency for the placed child either through return to his own family or termination of parental rights would be the goal.

The history of adoption for black children has not been encouraging, and the needs of minority children and families are pressing. Many agencies have resisted the changes necessary if significant numbers of black children are to be placed in adoptive homes. In this field the problems in status, standards and staff as they pertain to black children find their most flagrant expression. In some periods of history the black child has been excluded, defined as unplaceable, or viewed as hard-to-place. Currently there are efforts at reform, but they are far from adequate. (Billingsley and Giovannoni, 1972, pp. 141-209.) Today's critical needs, identified over 30 years ago, are for adoption programs and standards sensitive to the black culture. Such programs would take into account black attitudes toward adoption and black perceptions of agencies, and would operate from standards that are realistic in terms of the black subculture.

During recent years when traditional agencies began to seek reforms in their adoption programs, transracial adoption was introduced to increase placement opportunities for black children. Two outcomes of the ensuing debate point to current needs. The first was a decline in transracial placements as a result of the opposition of black professionals and organizations. The second was a rash of studies that sought to determine whether transracial adoption had the consequences black opponents predicted.

The Grow-Shapiro study, done under the auspices of the Child Welfare League of America, is the best known. Since the children studied were still in their early school years, this report was not able to give a "definitive answer to the question whether white adoptive parents can deal successfully with the problem of racial identity." (1974, p. 234.) The CWLA has also concluded that "recruitment of nonwhite homes has a long way to go to match or exceed the number of nonwhite children accepted." (Grow-Shapiro, 1974, p. 235.) Given both the unsettled question of whether transracial adoption is negative in its ultimate consequences for children, and the difficulty of getting the system to recruit black families to match the needs for homes, further study and experimentation are needed. Longitudinal studies to determine the long-range impact of transracial adoption on identity formation are called for. Support is needed for recruitment projects that set requirements realistic in terms of the black experience (i.e., setting flexible age requirements, abandoning sterility requirements, dropping the ban on employment of wives, basing placement on adequacy of living conditions, not on quality of neighborhoods; making fees flexible, and so forth).

Inservice training programs with content specifically related to the historical and cultural backgrounds of blacks and other minorities are needed. Staff at all levels, from administration to paraprofessionals, should be involved. The training should integrate theories of human behavior with concepts derived from practice experience with minority groups.

Since large numbers of child welfare personnel enter the field without professional education, training in basic social work concepts is essential, including case management, child and adolescent development, and decision making in foster care and adoptions to increase knowledge and skill in work with all children and families.

The foregoing recommendations apply equally to the voluntary sector and the public sector, although currently most of the children in the child welfare system are cared for by public agencies. The increase in purchase-of-care arrangements, however, makes it urgent that voluntary agencies review their programs, policies and practices as these relate to minorities, especially in the large cities.

The structure of traditional agency programs often hinders access to services by many members of minority groups. Historically, these agencies have been located at great distances from the neighborhoods in which minorities live, although there have been some changes recently. What Billingsley and Giovannoni have called "professionalism" is another obstacle to minority populations in using voluntary agencies. Focused on formal, office-based practices, these agencies are viewed as inhospitable by many minority persons who are more comfortable with relaxed, informal interaction. Flexibility in office hours, administrative procedures, and requirements for eligibility is called for.

To remedy some of these problems, many public and voluntary agencies have opened branches or begun projects that target black and other minority communities. Some of these efforts have been notably effective; most, however, have been hampered by inadequate financing, inadequate and/or inappropriate staffing, and constraints imposed by governmental and other nonagency administrative bodies. For example, some projects are funded for only 1 or 2 years, and must be terminated when funding runs out, even when the project is effective. The result is to heighten the distrust, suspicion and hostility felt by the groups served toward their transient benefactors.

Confidence, trust and respect--essential to meaningful working relationships with any group, but especially minority groups--are enhanced when members of the racial or ethnic group are represented on the staff. In the past, and to some extent today, discriminatory hiring practices have excluded members of minority groups. The relatively few professionally trained persons from minority groups have elected to work in community-oriented programs. If public and voluntary direct service agencies are to attract minority staff, they will have to demonstrate their interest through aggressive recruitment efforts and financial aid to minority persons for professional education.

CURRENT APPROACHES TO MEETING NEEDS

Current approaches to meeting needs can be categorized as traditional agency-initiated programs, programs developed by specific minority groups, and programs jointly organized by traditional agencies and representatives of specific minority populations. These efforts have met with varying success.

During the 1960s there was a proliferation of programs by traditional agencies with the stated purpose of serving minority children and families. These were of two types: foster home recruitment projects, and adoption programs that emphasized finding homes for older children. Some of these programs showed what could be achieved when resources and commitment were combined.

Use of the radio, television, newspapers and billboards to stimulate interest in foster care and adoption was highly successful in some instances. Flexibility in eligibility requirements, especially in reducing or waiving of fees for adoption; acceptance of the single parent or older couples as adoptive applicants; encouragement of leadership and input of minority staff--all produced some gains. Too few agencies, however, adopted these practices. Some black social workers have reported that agencies resist making such changes. (NABSW, 1972; Jones, 1973; Silcott, 1975.)

The satellite agency has been another strategy used by traditional agencies, as illustrated by the Los Angeles County Department of Adoption and the Spence-Chapin Adoption Service. Although there has been significant progress as a result of these efforts to locate in the black community with a predominantly black staff, gains have been lessened by conflict with the parent agency over policies and program emphasis. (Billingsley and Giovannoni, 1972, pp. 113-148.)

A project initiated by Child and Family Services of Chicago represents a different approach to the satellite agency. This agency provides homemaker service as a means of preventing children's entry into the child welfare system. The parent agency's conception of the needs of the black community it served was vastly altered in the course of explorations with the community prior to beginning the service. The agency had thought that service to intact families and to the elderly was a logical focus, but quickly learned that this community also desired services to the young unmarried mother who wanted to return to high school. This project continues to function under the writer's leadership, supervised by a board made up of community residents and staffed with personnel largely from the community served. It is noteworthy that this type of involvement of the local community has resulted in the community board's active participation in fund raising for its program and for the agency at large. The members of such projects should be increased, since they not only prevent removal of children from their homes, but involve the community in a meaningful way.

Programs organized and developed by black professional and lay persons are still another form that current efforts to meet the needs of minorities have taken. These programs stress advocacy on behalf of their clients by intervening for them to assure that traditional agencies provide mandated services. Intervention by these programs on behalf of families and children with public assistance agencies, juvenile courts, housing authorities, etc., provides a much needed function.

In many instances agencies developed and controlled by blacks have served an interpretative and/or pilot function in relation to traditional agencies. In these roles, the minority-sponsored agency seeks to have its own procedures adopted by traditional agencies.

Some programs have been jointly organized by traditional agencies and representatives of minority populations. These programs usually are initiated by minority staff working in traditional agencies. The Homes for Black Children in Detroit (which has become black controlled) and the Black Adoption Project in Kansas City, Kansas, exemplify this approach.

CURRENT AND FUTURE UNMET NEEDS

Since traditional agencies serve a variety of constituencies, it is understandable they have been reluctant to allocate a significant portion of their resources to black and other minority groups. If they are to address the problems outlined in this paper, it will be necessary for both federal and state agencies to make funds available for this purpose.

The persistence of insensitivity and, in some cases, negative attitudes on the part of staff in traditional agencies also accounts for the lack of focus on the service needs of minorities. In addition, some traditional agencies have used the emergence of programs organized by black and other minority groups as a reason to decrease services to minorities. It should be recognized that programs organized by minority groups were not intended to replace services provided by traditional agencies. This is true if only because minority organized programs are insufficiently funded for such a grand undertaking.

There is a continuing need for traditional agencies to evaluate their organizational style in the light of the experience of blacks and other minorities in American society and the cultural forms that developed out of that experience. Some traditional agencies have attempted to serve minority groups by transferring their old procedures to a new community. This approach is not generally effective.

Recruitment and training of minority staff is a pressing need, and is likely to continue to be so, given the current economic situation. Cutbacks in funding for training of social workers have affected all social work personnel, but especially minority personnel.

Reduction of caseloads, especially in public agencies, must be effected if staff are to have time to focus on the needs of minority children and families. It is not unreasonable to expect direct service caseloads to be limited to 30 cases per worker. With larger caseloads, many children go without contact with their worker for long periods, and families are deprived of the rehabilitative activities of the worker. Again, financing is a central issue.

Inservice training on a regular, systematic and substantive basis is a primary need. Such training should deal with practice principles as these relate to work with minorities. Competent training personnel should be retained on a consultative basis and, where possible, cooperative training ventures with universities should be developed. The training should be required to include content specific to cultures of the minority groups served.

ISSUES RELATING TO PROGRAMS AND NEEDS

A central policy issue relates to maintaining children in their own home versus intervention through placement. In serving minorities, there is a necessity for a commitment to maintaining children in their own homes as a meaningful social policy. The financing of services to families and children in their own homes should receive equal attention to the financing of placement services. This will require that placement be viewed as a last resort.

To ensure effective efforts to maintain children in their own homes, case review must be mandated as public policy. In addition, accountability of public and voluntary agencies through a national administrative body should be required. State plans should be required to guarantee adherence to the policy of maintaining children in their own homes whenever it is possible. Case review and staff training in minority cultural patterns should be a condition for receipt of federal funds. Federally funded inservice training programs and professional schools should be required to include in their educational programs content relative to minorities.

Since minority and ethnic populations make up a significant proportion of consumers of child welfare services, programs targeting these groups should become a major focus of public and voluntary agencies. If such programs are to be effective, however, accountability through goal-oriented programs (as opposed to the more traditional rehabilitation approach) has important implications for minorities. Requirements such as those in Title XX relative to establishment of objectives are promising, but these procedures should be refined. One aim of revision in current goal-setting tactics should be to reduce the paperwork required of child welfare staff, so that it will not detract from service to clients.

Special projects developed by minorities that show promise of achieving objectives should be encouraged. Priority attention should be given to developing imaginative foster home and adoptive home recruitment programs and techniques for working with natural parents.

Organizational issues center on the redirection and augmentation of services to help families before and after placement. To ensure that such help is readily available to families who need it, three criteria are essential in programs targeting minority communities: proximity, relevance and community participation. Proximity is important for the obvious reason that services located in one's own community are more readily available. In addition, minority and ethnic communities are likely to perceive services located within their own communities as more specific to their needs. Relevance speaks to policies and structures that fit the minority experience; programs should be organized in a flexible, informal and dignified fashion, and the services offered should relate to needs as defined by the consumer. Community participation has to do with local authority and control. It is especially important that insights contributed by members of minority groups be utilized to the fullest.

Program evaluation and research in areas in which our knowledge is limited are important in any child welfare program. In relation to minorities, there is a need to compile and analyze literature on specific service strategies. This is particularly pertinent because there has been an increasing number of proposals for intervention strategies, some of which have dubious foundations. For example, in the field of early childhood education and development considerable energy is being directed toward raising the IQ of minority children. Although this is important, the social and emotional growth of these children is of equal importance. In this connection, there is a need for qualitative studies of the function and meaning of cultural practices among the various minority groups, since many hypotheses and intervention strategies have been developed without solid grounding in the meaning of these cultural forms. Finally, research into the effectiveness of service strategies that have emerged over the last decade is necessary.

RECOMMENDED STRATEGY AND APPROACH

A central concern of members of minority groups is their lack of opportunity to influence policy at its most basic level, the level of policy formulation, as contrasted with program development and implementation. The recommendations offered here fall into two categories: 1) those pertaining to actions that should be taken at the policy formulation stage, and 2) those pertaining to actions that address program reform and program implementation.

On the policy formulation level:

- High priority should be given to legislation providing an adequate income level for all children and families. Existing proposals for family allowances and children's allowances are illustrative of the kind of mechanism through which this might be achieved.

- Greater coordination and integration among the various systems serving children and families must be achieved. Income maintenance, health and mental health, education and other such programs should be organized in a fashion to insure that the needs of families and children are not subordinated to bureaucratic interests. Need should be the prime criterion for availability of service. The present fragmentation of these services inevitably leads to stopgap measures, rather than comprehensive strategies for intervention.

- Child welfare services should give focused and relevant attention to the needs of minority children.

- In keeping with the analysis offered in this paper that blacks (and probably other minorities as well) live in two worlds, i.e., a nurturing and a sustaining environment, the value and the function of the nurturing environment should be reflected in child welfare policies. Thus, child welfare programs should strive first to strengthen and enhance life within this immediate context through actions such as those recommended in this paper.

Although the formulation of basic policies such as those recommended here is integral to the delivery of child welfare services to minority groups, the goal of program organization and structure should be to increase the utilization and the effectiveness of services to minority group children and families. Measures must be taken at the program level to ensure that their race or ethnicity is not the major cause of stress. The recommendations that follow are intended to enhance the quality of their lives within their nurturing environment and to protect them when they must leave it.

· Child welfare staff should be required to make every effort to maintain children in their own homes. Voluntary agencies holding contracts with state and other local units should be held to the same requirement.

· Conditions under which children are to be removed from their homes should be specified. Agencies should be required to show that the need for removal has been established.

· In funding child welfare programs, equal attention should be given to maintaining children in their own homes as is given to substitute care. This proposal should not detract from the development of specialized services for children in care. It aims to ensure that where possible the nurturing environment will be maintained.

Program policies should protect minority children and families from the deleterious effects of racism as it is reflected in social agency structure, administrative procedures, staffing patterns and the attitudes and behavior of some staff members. The recommendations that follow could result in improved services to all families and children who are currently served, but their implications are especially pertinent to minorities.

· The granting of federal monies should be contingent upon state and local units meeting requirements that programs be proximal to the minority community, be relevant to needs defined by the minority group, and have a viable mechanism for minority input into the development of objectives and procedures. Minority input into the policy-making arm of the state or local administrative body should also be required.

· To ensure that minority group interests are protected within agencies, adequate representation by members of such groups on policy-making boards should be required as a condition for receipt of federal funds and state contracts for service.

· Ongoing review of the foregoing standards and goals should be conducted internally by the state or other local unit.

· Case review at all levels, aimed at protecting the rights of minority children to competent care in substitute nurturing environments, should be required. Case review teams composed of interdisciplinary units, including nonagency minority volunteers, should be established.

- Priority attention should be given to obtaining substitute care within their nurturing environments for black and other minority group children.

- The use of interstate adoption and subsidized adoption as means of obtaining homes for minority children within their nurturing environments should be established as a priority.

- Legal representation for children and families in judicial and quasi-judicial proceedings should be guaranteed, in part to protect minority group children from subjective actions by courts and professional workers.

- The level of payments to foster parents for long-term and specialized foster care should be increased. Because long-term foster care is necessary for some children, specific criteria should be established for determining which children require such care.

- To increase the number of minority staff, stipends for special training in schools of social work should be expanded.

- Develop a syllabus for inservice training relative to minority groups. The syllabus should specify general principles for all ethnic groups and outline content specific to particular groups. It should be distributed to public and voluntary child welfare agencies at national, state and local levels.

- Research projects to enhance understanding of the cultural styles of minority groups should be funded.

- Machinery should be developed to assure a sound financial base to minority-group-initiated programs that show promise of achieving specific goals.

- Schools of social work at both the graduate and undergraduate levels and social agencies should be encouraged to use Title XX funds to develop models of comprehensive child welfare services.

CONCLUSION

The recommendations offered in this paper flow from an analysis that suggests that the child welfare problems of black and other minority-group children and families stem from their condition in society, a condition characterized by social injustice, discriminatory practices and the inability of members of these groups to influence the social systems, including child welfare, that impinge on their lives. Fundamentally, the needs and problems of minority-group children, as these concern child welfare, parallel those of all children and families in society. Minority status, however, heightens the needs and, in large measure, gives rise to many of the unique social problems faced by these groups. Therefore, the proposals for improvement focus on these groups. However, not until the twin barriers of poverty and racism are removed will any of the efforts outlined here deal effectively with the problems they address. For basic effectiveness, the active support of the federal government and public and private advocacy groups is crucial. Through solution of minority-group child welfare problems, not only will the lives of these children and families be improved, but the quality of life for all members of society will be enhanced.

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YOUNG PARENT FAMILIES

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OVERVIEW

During the last 15 years, increasing attention has been paid to adolescent pregnancy and parenthood. After decades of neglect, one might wonder why. There have always been youthful pregnancies. What is different today? Our perspective on the problem? The societal context in which such pregnancies occur? The sheer numbers?

From 1966 to 1975, the birth rate for all women in the United States declined.[1] All childbearing age groups contributed to the trend with noticeable exception of younger teenagers. During that time, birth rates to girls under age 18 actually increased.

From 1970-1975 a trend toward reduction of birth rates to 16- and 17-year-olds emerged. Rates for the youngest girls (those under age 16 and at greatest risk for a host of poor outcomes), however, continued to climb.[2] Based on current trends, projections of age-specific fertility rates to 1980 (including a drop in the numbers of teenage girls and reflecting a rise in the proportion of pregnancies in the younger group) show that births to 16- and 17-year-olds are expected to be 187,000 annually (less than in 1975, when there were 194,000). Births to those under 16 are expected to total 45,000 annually (about the same as in 1973, when there were 46,000).

In 1975, although almost all births to those under 16 were first births, 11% of the births to 16- and 17-year-olds were second or later births. Twenty-nine percent of the births to 18- and 19-year-olds were second or later births. Studies show that if girls are under 16 when they have their first babies, 60% will have another baby while still of school age, that is, under 18.[3]

Currently, more than one of every 10 girls under the age of 18 will give birth to a baby--roughly 240,000 girls each year. Over 85% will keep the babies and become young parents.

At one time in our history, young people went to work at early ages. They learned a trade and often married young. Basic laws designed to protect young people in our society have now made it virtually impossible to learn a trade at an early age. Further, there is little satisfying employment for unskilled, untrained labor. If a young person does become self-supporting, it is likely to be in a low-paying, dead-end job.

Traditionally, those who married young were absorbed into larger family units. Help was needed in the home, on the farm, in the family business. New additions to the family--both women and children--were useful. However, women were not expected or encouraged to have careers other than marriage and childbearing and childrearing.

In a radically changing society, attitudes and practices about when people can become self-supporting, marry and rear children have been altered. But more than the societal context has changed. Our perspectives are different, too. Women's liberation, for example, has made us aware of the inequity when a pregnant school-age girl is forced to leave school, though the young father is not. Liberationists point out that, as probable or actual heads of households, such young women need their education more than ever.

Concern about population growth has also influenced our thinking. Technological advances in birth control have made us believe that we can prevent young unwanted pregnancies, rather than merely haranguing against them or punishing the offenders. The sexual revolution has allowed more open talk about sexuality, facing up to the fact that many young persons (like many older persons) experience intercourse outside marriage. Preparation for responsible sexual activity, preparation for parenthood, now seem much more acceptable and important concepts.

Beginning in the 1950s and continuing into the 1960s, the civil rights movement impressed on public consciousness the inequities of society with respect to various racial groups. One concern was that of the poor pregnancy outcomes associated with lack of basic health education, nutrition and sound health care services among the poor. Since the younger the pregnant girl, the greater the health risk, and since the greatest proportion of those giving birth under 16 were members of minority groups, it became apparent that priority for service had to be assigned to adolescent pregnant girls, particularly those from low-income homes. This development exposed the discrimination that allowed the girls from middle- and upper-class homes to afford abortions or go to maternity homes where they received excellent health care, continuing education and counseling services, while girls from poor homes and/or minority groups lived at home with no services. Agencies that gave service only to middle-class girls or those poor whites most likely to place their babies, while making no effort to develop adoptive homes for babies of minority group girls, also came under scrutiny.[4]

As significant as these attitudinal changes have been, however, new analysis of data on negative outcomes associated with adolescent pregnancy may have had even greater impact. For example, among the general population there was awareness of and concern over growing divorce rates and their effect on families. Young people, it was found, were three or four times more likely to divorce than those in older age groups. More than half of those who marry under age 18 divorce within 5 years.[5]

Public outrage was being expressed at the increasing welfare burden. A disproportionate number of those on welfare were found to have had their first child while of school age.[6] Further, in the public's mind welfare was primarily connected (although erroneously) with out-of-wedlock status; it was known that many of those giving birth at a young age were unmarried.

The high proportion of school dropouts was of particular concern to educators. Among girls, pregnancy was the major known cause of dropout. Lack of appropriate education and training was associated with unemployment, underemployment and welfare dependency.

Health professionals were alarmed because, although the United States is the richest nation on earth, its infant mortality rate was higher than that of a score of other nations. The young age of many of those giving birth in this country contributed substantially to that rate.[7] Health professionals were also concerned because rates of attempted suicide were higher among young mothers than among other young women.[8]

This kind of information led the public and the professional community to take a new look at the school-age population of young mothers. Several important conceptual changes occurred about the same time, further influencing efforts to ameliorate the problem.

Changing Concepts and Their Impact

The first and perhaps most far-reaching conceptual change concerned the thinking centered on the unwed mother. The new morality and women's liberation did much to set a climate for this change. Birth control and liberalization of abortion laws provided more alternatives regarding childbirth than previously existed. Women who bore a baby out of wedlock were more likely to be those who wanted to keep the infant. As a result, groups that provided services for unwed mothers (such as maternity homes and adoption agencies), and that had served to keep public attention focused on illegitimacy as a primary issue, lost power and influence. Many maternity homes closed their doors during the 1960s. Others changed the focus of their service. The National Council on Illegitimacy went out of existence.

There were other indications of change, such as certification of single-parent homes as suitable for placement of children. This gave official recognition to the capacity of individuals to parent outside traditional marital structures.

Concern over adolescent mothers also helped break down thinking that the out-of-wedlock status was the primary risk and concern. Indeed, within the adolescent group there were almost enough negative associations with marriage to indicate the reverse. For example, it was found that pregnant girls who married were more likely to drop out of school than those who did not marry.[9] Thus, marriage was negatively associated with school completion. Since many marriages were short term, failure to complete school could seriously affect the adequacy of young mothers as parents, heads of households, and breadwinners.

In terms of health, it did not matter whether the 14-year-old, for example, was married. A marriage license did not assure a healthy baby. Since those married were especially likely to have additional children rapidly, and as the repeated pregnancies meant even greater health risks to mother and child,[10] marriage could again be viewed negatively.

With respect to welfare, initially marriage may have provided a departure from the pattern of welfare dependency. However, the separation and divorce rates soon nullified this. Finally, because of their high birth rate, young women were more likely to be handicapped when marriages dissolved.

This change from the focus on illegitimacy had a far-reaching impact on the services offered to school-age pregnant girls. It meant that the entire adolescent childbearing population (not just girls who were unwed) had to be viewed in terms of risks and service needs. The numbers to be served more than doubled--only 40% gave birth out of wedlock; fully 60% were married by the time the child was born. Once the concept of illegitimacy no longer obscured the data, it was apparent that early childbearing was not unusual. As has been mentioned, more than one of every 10 girls in the United States gives birth to a baby while still of school age (that is, under 18).[11]

Another conceptual change concerned inclusion of the father as a significant person in adolescent childbearing and childrearing. Concern over the father had been minimal, mostly tied to the illegitimacy aspect. He was viewed in terms of potential for legitimating the birth or supporting the child in or out of wedlock. However, as mentioned earlier, many young women had rapid, repeated pregnancies at risk. Often the second pregnancy was by the same father, in or out of wedlock.[12] It appeared that if poor pregnancy outcomes were to be prevented, more consideration would have to be given to the father's role. Also, the proportion of young people who divorced meant more attention must be paid to the father's needs if family stability was to be achieved.

Interest in fathers was furthered in other ways. Court decisions such as Stanley v. Illinois began extending fathers' rights in relation to children born out of wedlock. The number of single-parent families headed by men rose, in part because of increasing awards of custody of children to divorcing fathers.

Finally, recognition of the impact of the early years on a child's total growth and development led many adults to express more concern about the child of the adolescent. Possible stresses in young family life--conflicts between parents and grandparents, disharmony between mother and father--increased the likelihood of child abuse or neglect. A major factor was the inability of young mothers to complete their educations without adequate day care supports. The child's needs, heretofore mostly ignored, had to receive more attention. A 1971 survey of group infant care programs indicated that more such programs had been developed to meet the needs of young parents than any other single category.[13]

The sum of these conceptual changes signified a movement away from the out-of-wedlock stereotyping of needs to a more general regard for young parents--both male and female--and concern for their infants. The result has been development of different services to meet differently perceived needs. We are moving toward viewing young parents and the child as a family, and this will radically alter our perception of what must be done.

CONCEPTUAL FRAMEWORK AND ASSUMPTIONS

The Tri-Generational Conflict

One difficulty in viewing the young parent family as a family has been that most young people do not live independently. Few are financially able to do so. Moreover, legally they are still minors.

Most young people conceive while still living with their parents. During pregnancy, some move elsewhere, but even then few live on their own resources. Following pregnancy, an additional number may move out of their parents' homes. As marriage, high school graduation or other events occur, even more young parents will strike out on their own.[14] But generally the pattern is for the majority of young parent families to live in their parents' homes for several years. This can be true of married couples as well as of single parents. Without assistance of their families, many young parents would be almost helpless.

Just as their baby needs care while struggling to master skills leading to greater independence, so young parents need support while trying to distance themselves from their families. Young parents desire and need to be independent, but usually lack the resources or abilities to be so. This fosters tri-generational conflict. Further, the grandparents sometimes resent the renewed dependence just at the time they were beginning to feel free of child care. Adolescence itself brings generational conflicts into the open. The stress of early parenting may aggravate that strife into unmanageable proportions.

Early Childbearing as a Life Set

Three of life's most significant choices are: those made with respect to a career; those made with respect to a mate; and those made with respect to childbearing and childrearing. The last is of particular concern in this paper, although all three have relevance.

The age at which one has children has a marked effect on the parents' life styles and experiences. Those who begin parenting at an early age establish a life set that will place them in a particular category throughout life.

For any age group the responsibilities of parenting continue in some form or another until the death of either parent or child. Responses to and concerns about the life of the child continue long after physical care and support of the child have ceased. In most instances, the early years of the child's life are filled with some of the heaviest responsibilities for the parents.

For the young person, parenting may mean a more drastic alteration of life style than for the older person. For a young person, not yet mature, psychosocial development may be greatly affected. Young parents become tied down at a point when other young people are beginning to experiment. Young parents are set apart from their peers. They are called upon to respond to the needs of another developing human being when their own development is not yet complete. They are thrust into adult decision making and responsibility within a family network that may not support that role. Many times, the responsibilities of parenting push young people back into dependent roles just as they were gaining in their struggle to become independent. Laws, regulations and policies often further inhibit the young person's attempts to manage parental responsibility. For example, if the family is on welfare, money for care of the infant may be included in the grant to the girl's mother, rather than being given directly to the young mother.

Young parents often find it difficult to carry student responsibilities along with parental roles, particularly in junior high or high school. Dropouts are common. In addition, choices regarding higher education may be limited. It is unlikely young parents will be able to go away to an educational institution of their choice, since that means either separating from their child or living family-style as an undergraduate. At best, further education is likely to be limited to institutions within commuting distance either of their own or their parents' homes. In all cases, long-term child care arrangements must be made, and the costs borne. Against the competition of 75% of all youth graduating from high school and over half going on to further education or training, however, dropping out at any point can negatively affect the life set of young parents.[15]

Young parents may be limited as to participation in extracurricular activities. Schools have often opposed young parents' engaging in such activities. And unfortunately, court decisions have tended to support the right of school systems to exclude married couples from extracurricular activities. Some young people find their parenting duties restrictive as well. However, extracurricular activities further relationships with peers and provide opportunities to develop new skills. Decision making can be enhanced through them. Many young men count on excellence in athletics to win college scholarships, and some young women also seek excellence in sports, or use achievements in outside activities to gain acceptance into schools or programs of their choice.

Often young parents begin working before being adequately trained and prepared. The results can be discouraging, and negative attitudes toward work may result. One consequence is that young parents may never develop meaningful career goals. The job of young parents are most often short term and low paying. Choices of jobs may be limited by parenting tasks. Particularly for young women who are heads of families, jobs with long hours or required overtime, jobs with travel, even jobs with long commuting times, are impossible to manage. Relocation for a job is often difficult because of day care or other restrictions. Young parents' life careers all too often show the effects of premature entry into the labor force.

Those who begin childbearing early tend to have more children than those who begin later. In particular, young people tend to have children in rapid succession. This further drains the young family's stability, resources, and physical and emotional health. Those young parents who limit their family size are likely to find their children grown and gone before they themselves are 40. Both parents (particularly the woman, if she stayed home with her children) will have much of their life to fill in ways other than caring for a family. For young parents who postpone further childbearing, it may mean beginning a second family much later, and continuity of childbearing, as it occurs in most homes, is disrupted.

Incomplete education, premature entry into the job market, early, rapid childbearing, limitation of normal opportunities to develop socially--all can lead to frustration in career, in life situations, in satisfaction concerning self. All too often parents in their 20s, particularly the mothers, end up frustrated, wishing for a life that might have been.

In view of the foregoing, we must begin to think of early parenting as a life set that starts young people on a course earlier than others, and whose influence will be lifelong. Although that influence is not necessarily negative, the patterns set for young parents is likely to involve more risks and difficulties than face those who begin childbearing in their mid-20s or later. In particular, we must stop focusing on pregnancy and childbearing as the only crises for young parents, and instead also examine and deal programmatically with the crises in relation to family formation, family continuation, family dissolution and family reformation.

For the young parent family, many of the crises--severe marital stress, divorce, additional childbearing, educational dropping out, inadequate training and employment--occur within the first 4 or 5 years, coinciding with the preschool years of the child. Until now, programming has focused on pregnancy and childbirth. Only minimal attempts have been made to provide service, even for the first year of the child's life.

The contention advanced here is that planning for and with the young parent family is best made for a much longer period. This is mandatory if the parent is younger than 16 at childbirth. Girls under age 16 (those of compulsory school age) have been found to be at greatest risk of poor outcomes. They tend to have more prematurely born, low-birth-weight babies. They are less likely to finish school. They are more likely to have rapid, repeated pregnancies.

THE FOUR FAMILY CRISES: FORMATION, CONTINUATION, DISSOLUTION, REFORMATION

Risks in Family Formation

For a high proportion of young people, family formation comes about because of pregnancy. These pregnancies are most often unplanned, many at least initially unwanted, and the majority probably inappropriate at the time in the young person's life. Most young parents are biologically, socially, psychologically, educationally and financially unprepared for parenthood. Thus, forming families at a young age means that both parents and children are likely to be at risk.

Young mothers are likely to have more complications in both pregnancy and delivery, and the infants are less likely to be healthy at birth. Thus, the risk of poor health is one of the major concerns of early childbearing. The complications mentioned most frequently in recent literature on teenage pregnancy are: premature labor, low birth weight, increased neonatal mortality, iron-deficiency anemia, toxemia, prolonged labor, fetopelvic disproportion, vaginal infection, and vaginal lacerations.[16] Repeated pregnancies constitute an even greater risk. Klerman and Jekel found in a followup study of young mothers that subsequent infants had disturbingly high rates of prematurity and perinatal mortality. Fewer healthy infants were produced in subsequent deliveries than in first deliveries, even though the mothers were older.[17]

For almost 60% of the young people, birth (although most likely not conception) takes place in wedlock. Particularly for those whose marriage was the result of a pregnancy rather than the reverse, a family is formed under stress. Young marriages tend to be highly unstable, and when they are complicated by childbearing, the prognosis is for a difficult time.

Many of the pregnancies are initially unwanted. The drastic alteration of life style required in taking on parenting responsibility makes it difficult to set aside such feelings completely, particularly for the mother if relations with the baby's father deteriorate or become embittered. However, in the case of young parents, wantedness does not assure positive family formation. Asked why they became pregnant, many young mothers indicate that the pregnancies were a means of achieving something else--to get married, to get out of their parents' home, to achieve adult status, to "have something of my own." Few say love of children was the basic reason for becoming pregnant.

Young Parent Families--At Risk for Continuation

Young parent families have a difficult time surviving. The lack of economic viability influences almost every aspect of their lives. Often unable to afford independent housing, they must find space with relatives. Both for married and unmarried parents, this may be stressful. On their own, living accommodations are likely to be poor. Many young parents have to struggle to meet basic needs for food and clothing. Lack of consumer awareness may mean that what money they do have does not fill all the needs it could. Ability to procure health care, to continue education, to pay for day care, to participate in recreation, is often nonexistent or marginal.

Parents of young parents may use the young people's economic helplessness as a means to control behavior. Young single mothers may be dependent for support on the whims of unmarried partners. The older the child becomes, the more the young mother may find that resources or support from family and father decrease. Welfare dependency, partial or full, is the fate of many young families.[18]

Even when economics are not a problem, young families often find themselves in trouble. The social isolation of young parents, particularly young married couples, is difficult for them. Young couples find themselves growing in different directions. Conflictual situations continually arise. Frustration over alteration or postponement of life goals adds to the stress.

Unhappiness in the job situation may compound problems of young parents. As already mentioned, jobs available to unskilled, untrained young people are not likely to be meaningful. The young male, particularly if he is black and uneducated, may have little or no success in finding satisfactory employment.

Young women, like young men, may leave jobs that are boring and contribute little to their economic situation. Klerman and Jekel,[19] in their followup study of young mothers, and Price,[20] in his work with fathers, found that if the financial rewards were not sufficient, young parents soon left jobs. Lack of adequate day care or money to pay for it may also force young parents to remain at home rather than complete educations, train for jobs or undertake employment.

Depression most often occurs in those who feel hopeless, trapped and powerless. Recent studies show that those most likely to be depressed are young women with children. Working in a poorly paid job that promises little or no advancement adds to that trapped feeling. Rates of attempted suicide are high.[21] The growth in the numbers of young women who are depressed may be related to the phenomenal increase in households headed by women alone. In some eastern cities, the rate of increase is as high as 25% a year. Further, if the median income for divorced or separated women was $10,000 before the husband left, it will be $4000 after he is gone. Half of all divorced mothers do not receive child support, and 3 million in the United States fall below the poverty guidelines.[22]

The day-to-day demands of childrearing--the consistency and patience required of parents--are difficult for young parents. Lack of adequate relief from child care can cause further strains. Young mothers and fathers may find that the children interfere with their own needs.

Very young parents find it difficult to relate to older, more secure parents, even though the age of their children is the same. This increases feelings of inadequacy and isolation. Since factors related to child abuse and neglect include frustration in employment, poverty, poor self-image, interfamilial stress, and lack of meaningful social outlets, young people are also at risk of becoming abusive or neglectful parents.

Young mothers living with their own parents or the parents of the baby's father often have conflicts with their elders over the child's care. Some young parents may choose, at least temporarily, to abdicate childrearing responsibility to the grandparents.

Young parents are likely to have low self-esteem, and the experiences of family formation and early family life often do little to change that. There is danger that as their family life continues, disappointment and frustrations will be passed along to their children. Indeed, recent data indicate that youthful age at first birth is closely correlated with child abuse and neglect.[23]

Nevertheless, young mothers and fathers do have strengths. They have a spontaneity, naturalness and flexibility that can stand them in good stead in their parenting. They have the abundance of energy required of all parents. Most importantly, they have the ability to grow and learn. The pressures of young parent family life may necessitate their using all these abilities, and others as well. However, expecting them to do this in hostile environments or with little or no societal support is unrealistic.

Risks in Family Dissolution

More than one of two marriages among those of school age end in divorce within 5 years. Studies show that those children most affected in functioning by divorces are preschoolers (as opposed to older children and adolescents). Obviously, early breakdown of young parent families can be damaging for both parent and child.

Since young marriages are often based on tenuous relationships, there may be little communication between parents to carry over to the postdivorce period. The young father may feel no strong obligation to provide long-term assistance for the mother or the child. Also, the child's need to have free access to both parents may be defeated by a lack of relationship between parents. Child functioning postdivorce is thought to be related directly to the degree and length of anger and hostility built up before the divorce. "Having to get married" may make young marriages stressful from the start.

Even in young marriages that survive, temporary separation is common. The marriages are often stormy, and the critical early years of the child's life may be spent in an unhappy environment. Parents may be unable to focus on the needs of children when they find it difficult to meet their own needs.

The dissolution of a family can also come about when a single parent stops living with the baby's grandparents. Although this may occur in a healthy way, the tensions and conflicts of multigenerational life often force the families apart. For the child this can be almost as traumatic as a marital split, since the grandparents may be deeply meaningful figures in the child's life. Further, the single parent and child may move into a less desirable situation that will worsen because of lack of support.

Family dissolution also occurs when unmarried parents who have had a fairly close relationship find other partners. Interest in the child and his needs may change, as can the good will between the couple. Support for the child may fall off, and the child's sense of identity with two parents may be threatened.

Finally, a parent may temporarily or permanently decide to give up a child after finding she cannot manage parenthood. This may be formally, through placement in a foster home or an adoption agency, or informally, by leaving the child with relatives as substitute parents.

Risks in Family Reformation

Whenever the nature of a family changes, its various members have adjustments to make. Not only must the more intimate relationships with the new family members be adjusted to, but changed relationships with the old family members must be handled. Such changes are often accompanied by moves in location, and a physical adjustment is required as well.

Children sometimes resent the new father or mother or new siblings. Children sometimes are left behind temporarily with relatives while the new family forms, further complicating the child's feelings. A parent who has had sole responsibility for a child may resent the interference of a new decision maker, or may make such an effort to include the latter that the child feels abandoned.

Not all choices about family reformation are positive. Males may temporarily come and go in the lives of young single mothers. Out of frustration or desperation, a young mother may marry to provide a father and home for her child even though that is not a decision appropriate for herself. Such marriages, of course, carry risks for parents and children. The separation of young parents may necessitate a mother's moving back home to her parents or living with others in similar situations. As the young family reforms, greater stability is not necessarily achieved. The new family form may soon yield to something else. For the child, this state of flux can be extremely unsettling.

CURRENT NEEDS AND APPROACHES TO MEET THEM

Prevention of Adolescent Pregnancy

Research shows that young parents are negatively represented in statistics on school dropouts, unemployment, underemployment, welfare dependency, divorce statistics, rates of attempted suicide, health complications during pregnancy and delivery, bearing children of low birth weight, and infant mortality rates.

The most important contribution to be made in the field of early parenting is the prevention of pregnancy in adolescence. That birth rates have been and are declining for every age group except the youngest (and least prepared for the tasks of parenting) emphasizes this point. That an ever-increasing percentage of the total number of live births occur among teenagers (now 20% but expected to exceed that in 1980) indicates the seriousness of the task. If present trends continue, a growing proportion of the children and youth in the country will be products of young parent family homes.

What must be done to prevent adolescent pregnancy? It is clear that old methods of prevention--secrecy about sex, limitation of opportunity, societal disapproval, exhortations to "be good" or to "do right," threat of punishments--are no longer effective (if they ever were). What is needed are new assessments about what makes young individuals decide to prevent pregnancy, what makes society want to help prevent pregnancy, and what is the most useful way to deliver services to help individuals carry out their decisions.

One of the first steps necessary is to change the expectations of young women. Society's view of the roles of women is still far too constricted. As long as most of what young women hear, read and see suggests that the most meaningful role for a woman is that of mother and housewife, many girls will wish to reach that status as soon as possible. The decline of the mean age of menarche (onset of menstruation) to approximately 12½ years has made early pregnancy possible.[24]

Groups and individuals who advocate equalization of opportunity, changing of laws, and elimination of discrimination against women should be supported. Efforts must be made to educate the lay public and professionals as to the importance of raising expectations of young women. The media must be influenced to use their enormous power in this direction. The view that not everyone should marry or become a parent must be made more acceptable to men and women generally.

However, it is not enough to change the expectations of women. The role of youth must be made more meaningful for both young men and young women. They must have adequate options to make their adolescence richer, fuller and more meaningful. Rising juvenile crime rates, venereal disease rates of epidemic proportions among the young, an increase in the number of young alcoholics, the continuing drug problem among teenagers, the ongoing runaway problem--all indicate that the needs of youth are not being met. Currently the young are viewed as a problem--a negative element in society--not useful, not welcome, tolerated, handled, dealt with. We must integrate their learning with real life situations, so that understanding comes through positive participation, not detached observation. In particular, we must provide opportunities for paid employment that can increase knowledge, skills and abilities at earlier ages as part of education.

Next, society must give young people a feeling of comfortableness with their bodies, an understanding of their physical functioning and a sense of control over their physical selves. Most people's concept of sexuality is limited to genital sex. Sex education should place sexuality in the context of human relationships. Social personal relationships are vital to young people. We must talk more openly with them about relationships and the responsibilities involved.

To accomplish this, many adults may have to come to terms with their own sexual concerns and misconceptions. They must learn to avoid what has been described as the destructive dichotomy between "fascinating, dirty, forbidden, mysterious sex" and "antiseptic, intellectual, pallid, OK sex."[25] Children are sexual beings. Adults must be helped to recognize this, and to become more aware that sexual experimentation occurs during childhood and adolescence.

A recent study showed that, when asked what time of the month they were most likely to become pregnant, 98% of the teenage girls responded that they knew. Yet only about half gave the correct answer. Young people often assume they know facts when they do not. If they act on such incorrect information, there can be serious consequences.

School systems, health organizations, and agencies serving youth must take a much more responsible role in providing education and information regarding human sexuality. At present, teen health clinics and birth control clinics sensitized to the needs of teens are doing the most effective job in this area. However, not enough youth are involved in these settings. Schools in particular must begin to take a more active role. Increasingly complex knowledge and information are required to satisfy young people's questioning and concern. Therefore, efforts of parents in this area must be augmented by those of persons trained in the field. To ignore this is to act irresponsibly, particularly since venereal disease is of epidemic proportions among the young and pregnancy rates are startlingly high. By age 19, 63% of the young women in the United States are sexually active. Almost half of those who are unmarried are having intercourse.[26]

The giving of information to the young is no panacea. Parental prohibitions and societal taboos against adolescent sexual experiences make it difficult for a young person to take responsibility for sexual activity. As one adolescent said, "If I use birth control, I'm a bad girl. However, if I don't and get pregnant, I'm a good girl who got caught."

Public support for use of birth control should be given to the young, much as is given to adults. They should have free and easy access to the means of birth control. Continued support for its use must be provided by those experienced in working with young people and knowledgeable about birth control and adolescent sexuality. Birth control must be taken out of the realm of morality and put in the spectrum of health care. Health clinics open one afternoon a week in schools, for example, could respond to a wide variety of concerns young people have about their physical selves. Birth control information and services could be made available on site. Such a service has been operating in Mechanic Arts High School at St. Paul, Minnesota. The clinic offers V.D. testing, prenatal care, and family planning counseling. Birth control devices are not distributed at the school but can be obtained at a nearby hospital.

As a backup in contraceptive failure, abortion must be made available to young women. The current rush toward abortion has had some unfortunate consequences. Many young women lack the understanding that in pregnancy one either carries the baby to term or aborts it, but that in either case it's a lifetime commitment. More thoughtful counseling will prevent some young women from making decisions they will regret throughout their lives.

In general, the reaction of women after an abortion is one of relief: "It's all over with." Most women go on from there, and deal with the experience and loss. For many young women, the abortion has a positive effect. For the first time in their lives they have exhibited control over their own fate. It strengthens their approach on the future. However, other women fall apart after abortion. This highlights the need for better preabortion and postabortion counseling. Most often these women transfer anger or guilt to the place where they had the abortion or to a particular person at that place. Therefore, they need a new setting to explore their feelings and obtain help. Projects such as Coping With Overall Pregnancy Experience, in Boston, provide opportunities for women with problems in relation to pregnancies to discuss them in groups and with counselors.

The lack of sufficient settings where abortions are performed makes it difficult to establish needed follow-through networks and services. It is estimated that as many as a third of American women who want abortions are unable to get them. Mostly these women are the poor, the young, and those living outside biggest cities. Women still travel out of their community or state to obtain abortions. Abortion services should be expanded so that all who want and can benefit from them can have access to them. With this expansion should go an expansion of the variety and types of preabortion and postabortion counseling service.

Finally, schools must offer realistic preparation-for-marriage courses, so that young people are better able to assess their readiness for marriage. The requirements and possible consequences of marital life should be explored. Mandatory counseling for young people who wish to get married (now in effect in California) may help prevent inappropriate marriages, with their concomitant early pregnancies.

As is being done in Education for Parenthood programs in the public schools now, young people must be given a better understanding of what it means to be a parent. This includes the needs of children, and how their demands affect adult responsibilities. Current parenthood programs are geared toward future parenting. However, one consequence of such courses may be that youths running the risks of pregnancy or those who are pregnant will make better choices about parenting.

Thus a variety of services--changed goals for women supported by real opportunities in society; more meaningful alternative experiences for both boys and girls, including positive paid employment; knowledge of and control over bodily selves; specific education and counseling about sexuality; birth control services coupled with abortion as a backup; and education about marriage and parenting--are all needed to bring about a reduction in the number of adolescent pregnancies.

In sum, specific goals of preventive efforts should be: 1) development among youth of knowledge of and control over sexual selves; 2) prevention of inappropriate or premature marriage; and 3) prevention of pregnancy in adolescence.

Comprehensive Services During Pregnancy and Immediately Postpartum

When an adolescent becomes pregnant and chooses not to terminate the pregnancy, a full range of comprehensive services must be delivered to both the young mother and young father:

- Educational Counseling
- Accredited Education
- Vocational Counseling
- Vocational Training
- Vocational Placement
- Abortion Counseling
- Abortion Services
- Health Education and Counseling
- Prenatal Care
- Postpartum Care
- Pediatric Care
- Birth Control Counseling
- Birth Control Services
- Marriage Counseling
- Continued Casework
- Group Counseling
- Family Counseling
- Psychological Testing
- Psychiatric Treatment
- Legal Counseling
- Legal Services
- Leisure Time Activities
- Consumer Education
- Financial Assistance
- Living Facility During Pregnancy
- Child Care and Child Development Instruction
- Care of the Infant
- Adoption Counseling
- Adoption Services

Over the last decade or so, some communities in the United States have established comprehensive service programs to meet the needs of school-age pregnant girls living at home. These programs minimally provide health, education and social services for pregnant girls. Services are delivered through centralized coordination and control.

Many more communities (over 300) have set up multiservice programs to assist such young women. These programs may offer the same range of services as comprehensive service programs do, but such services are not generally under the control of one group or agency. However, they may be coordinated through one source. This has been a remarkable achievement. Almost every major city in the United States now has such a program. These programs have assured that large numbers of pregnant girls receive continuing education during pregnancy, prenatal care, and counseling, among other services. In general, the short-term results of such programs have been positive: improved health, continuation of education during pregnancy, and return to school following childbirth, among others.

But a high proportion of communities still use an uncoordinated services approach for pregnant girls. And far too many do little or nothing at all to meet the needs of this population.

Those communities that have comprehensive service programs usually provide the best all-around care of the young patients. The comprehensive programs tend to have age-appropriate services. They are the least likely to leave needs unmet. Such programs, however, generally do not serve all pregnant girls in the community. Further, because of their cost, not all communities have been willing to support their development.

Many of the multiservice programs that have been developed--especially in those communities with quality services and a variety of resources--are also able to meet the needs of young mothers fairly well. Often they serve large numbers of girls. Some communities have a variety of programs to cover the population of pregnant girls. Lack of citywide coordination of services, however, means that many girls still "fall between the service cracks," and the uneven quality of services from program to program can mean that girls, even though served, may not be served well.

A major problem exists in communities where the approach is still based on single-service delivery. Any coordination of services is for individuals, rather than for groups of young women. With the multiplicity of needs such young women have, a variety of services is needed. Moreover, without grouping, it is difficult to develop new services or alter old ones. Most communities do not have the personnel to serve individuals comprehensively.

Least adequate are communities that leave it to young mothers to qualify for or seek out resources for help. Such action is generally beyond the ability of the schoolgirl. Where communities have few resources, of course, problems are compounded regardless of effort.

Since many special programs for pregnant girls have had a school focus, the current tendency to abolish specialized settings and permit girls to remain in regular school threatens the existence of multiservice networks. Emphasis should be placed on developing successful models for integrating comprehensive services with programs in regular schools. Options and alternatives for young people (including educational ones) should be programmed into services.

Even in communities with well developed service programs, not all girls are served during pregnancy. Emphasis on school age, as mentioned earlier, has led to using the school system as the catchment agency for a high proportion of the multiservice and comprehensive service programs. Yet there are many pregnant girls who either previously dropped out of school or do so upon discovery of pregnancy. Data on the number of school-age girls giving birth

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in any given community and those served in the special programs reveal that many girls are not receiving needed attention. Many times, these are mothers who have little or no interest in completing education. Girls with one child already may have left school. Married girls often drop out. The fact remains that such mothers are at especially high risk of incomplete education and training, lack of skills to support themselves, rapid, repeated pregnancy, and so forth. Few efforts are being made to meet the needs of this population. Other catchment systems must be developed to complement the educational one. Existing welfare and health models for service must get greater publicity. Social service institutions in general must play a greater role in bringing the community together for service provision.

Service programs are often of unequal quality. Some programs must add to or upgrade services to make them effective. Often the special programs give only lip service to provision of, or assured access to, needed services other than the ones in which the anchor agency for the program specializes. For example, although a school-based program may maintain that girls receive health care as a program component, this may be based on a physician's statement required for entry into the program. No attempt may be made to check on the quality of care or even continued attendance for health care.

Organizationally, programs have had varied auspices and sponsorship. Continued federal, state and local funds from various sources, earmarked for young families, are needed to support this rich variety. Such flexibility utilizes strengths of community agencies and keeps the road open for innovation. Further, there has as yet been no clear demonstration that one method of providing the services is superior to another. In their study comparing two special service programs for pregnant girls, Klerman and Jekel found that the variance in sponsors, setting and focus did not create a significant difference in outcomes for the girls enrolled.[27]

Lastly, fathers still receive far too little attention during the pregnancy period. Yet they need the same kinds of information and service the young mothers are receiving. Some communities have developed outreach programs for youthful fathers. During a demonstration program in Atlanta in which girls attending regular school received comprehensive services, a young male worked with fathers. He was able to open up job opportunities at local financial institutions for many young men.[28] Programs and services aimed at helping the young father should be expanded.

Goals of comprehensive services efforts during pregnancy should be:

- Continuation of or enrollment in education or training programs appropriate to life circumstances and life goals of both mother and father.

- Delivery of health care leading to positive outcome of pregnancy for mother and baby.

- Resolution of problems that either have led to or been caused by the pregnancy.

- Development of a life plan for mother and father, regardless of how short term or limited.

Comprehensive Services for Young Parent Families

Following the birth of the baby and continuing on through the preschool years of the child, young parent families should receive a full range of comprehensive services. This is especially crucial if the young mother is under 16 at the time of the child's birth. The following list of services should be considered for young parent families:

Educational Counseling
Accredited Education
Vocational Counseling
Vocational Training
Vocational Placement
Abortion Counseling
Abortion Services
Adoption Counseling
Adoption Services
Health Education and Counseling
Interconceptional Care
Pediatric Care
Birth Control Counseling
Birth Control Services
Marriage Counseling
Divorce Counseling
Continued Casework
Group Counseling
Family Counseling
Psychiatric Treatment
Psychological Testing
Legal Counseling
Legal Services
Financial Assistance
Consumer Education
Leisure Time Activities
Living Facility After Childbirth
Child Development and Child Care Instruction
Care of Child

Currently most of the comprehensive or multiservice programs for young families terminate services 6 weeks postpartum. Because of their school orientation, a few programs continue through the school year. Although some have services that are labeled followup, often they are no more than a statistical check on what happened to the young mother. Follow-through, if done at all, is generally carried out with the same single-service orientation that previously characterized services for pregnant girls.

It is unrealistic to expect brief social interventions such as the comprehensive service programs for school-age pregnant girls to have a long-term effect, particularly when the effects of early pregnancy are so lasting. Although lengths of enrollment vary, most programs serve girls from the beginning of the second trimester of pregnancy to 6 weeks postpartum--no more than 7 or 8 months. The two most thorough studies of comprehensive service programs for school-age pregnant girls establish that gains are often short term.[29] Thus, the closer the girl is to meeting program goals when entering the program (high school graduation, for example), the more likely she is to fulfill program expectations. However, most desired outcomes (economic independence or postponement of further pregnancies at risk, for example) cannot be accomplished except over time. Few would recommend trying to make a 14-year-old girl immediately self-supporting. Therefore, additional support must be built all along the road toward the goals at the appropriate time in the lives of young parents.

Many young parents have said, "I really didn't have any problems until the baby came." Family responsibilities do not mesh well with adolescent tasks. Although we can help adolescents with some short cuts, for the most part those tasks must be completed. This is further reason to build in continuing support for adolescent parents.

There are few, if any, comprehensive program models in this area. The Continuation School in Pasadena, California, and the Interconceptional Care Project in Atlanta are examples of longer-term special service projects. Given the validity of following the young parent at least for the preschool years of the index child, it is obvious that although the school system can be the anchor agency for some programs, it cannot be so for others. Thus, new models of program services must be developed.

A differentiation in needs will also help shape programs. Young mothers who are poor, are very young, or are from nonsupportive or multiproblem families will require a greater range of services and more intensive programming than others. Among services needed, day care for infants is important. Since it is known that young parents-to-be do not absorb much about child care and child development during pregnancy (for many girls the baby is not a reality until it is born), continuing education in this area is also essential.

More attention must be paid to the father and his needs during this period. Problems of family stability and independence may fall heavily on his shoulders, particularly in a two-parent family. Assistance in career development may prove one of the most useful services to provide.

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Young women who choose to stay at home and mother their children should be encouraged to think of education as a lifelong process, holding the opportunity for more than one career. Raising life expectations and improving self-esteem of young mothers during the period of child care at home is essential.

Keeping inappropriately married young people together should not become a program goal. A good divorce is better than a bad marriage. Since about half of the couples will divorce, divorce counseling and preparation for family dissolution must be an integral part of services. Child functioning can be positively affected by careful attention to this kind of help. Further, since the post-divorce adjustment and happiness of the mother are said to have the greatest effect on a child's adjustment and progress, special attention should be given to the needs of divorcing young mothers who retain custody of the children.

Prevention of rapid, repeated pregnancies must be part of any program effort. It must be recognized that young parents, both married and unmarried, may want to have additional children, some as soon as this is manageable. Therefore, more than just birth control is needed--family planning in the true context is required. In addition, steps to assure a necessary interval between births and improvement of the nutritional state of young mothers before their next baby are vital.

A primary institution that has not been helped to support young parents is that of the young parents' families. Often the families have major responsibility for young parent families. Although the financial burden may fall hardest on poor families, the emotional drain hits all families. Families that are already disorganized may collapse under the test. Support in a variety of ways must be given to families of young parent families. When older parent families fail, services for the young parent families must be developed elsewhere to compensate.

Specific goals of comprehensive service programs for young parent families should be:

- Good family health--for father, mother, child.

- Completion of education or training that leads to ability to become meaningfully self-supporting. Positive entry into the job market where appropriate.

- Family planning that includes preparation for subsequent healthy pregnancy and postponement of further inappropriate or unwanted pregnancies.

- Development of social/emotional maturity, which includes ability for competent parenting, meaningful adult relationships, improved self-esteem, and upgraded life expectations.

- Development and implementation of a life plan.

- Positive shifts in family structure and living arrangements leading to greater stability.

It should be noted in relation to the last goal that the child of adolescent parents needs stability more than any other family member. Young parents are more likely to need some fluidity in their lives to work out the best possible situation for themselves. This will undoubtedly mean various changes for them during this period.

CURRENT AND FUTURE UNMET NEEDS

Although the most meaningful and important intervention strategy would be the prevention of adolescent pregnancy, no comprehensive point of view, let alone comprehensive planning or services with respect to such a strategy, yet exists. A variety of efforts already mentioned--changed goals for women, supported by real opportunities in society; more meaningful alternative experiences for both boys and girls; knowledge of and control over bodily selves; education and counseling about sexuality, birth control services coupled with abortion, and education about marriage and parenting--in combination, would comprise such a strategy.

Currently there are not enough comprehensive service or multiservice programs to meet the needs of all the school-age pregnant girls and prospective fathers. Nor do they all offer the range of services needed. Therefore, improvement in the breadth and quality of these programs is urged. Replication, expansion or redesign of such services is required to cover all young women and men who need them. Given the mixed attitudes toward pregnant girls and young parents, attitudinal change is essential for effectively implementing such services.

The main unmet needs of young parent families, as noted, occur after the birth of the baby. Efforts must be made to develop models of service that can meet the needs of such families for a number of years. In particular, models that can deal effectively with family continuation and family dissolution must be developed. These models should focus on the preschool years of the index child when, for a high proportion of young parent families, the greatest risks occur.

Specific Policy Recommendations

- By 1980 bring adolescent birth rates at least into line with those of other age groups. By 1985 substantially lower birth rates to adolescents, with major reductions in the under-16 group.

- By 1980 increase coverage of specialized pregnancy services to all girls under 18. Fewer than half are currently under coverage.

- By 1980 develop specific models of service intervention for young parent families during the preschool years of the index child and begin disseminating information about the most effective approaches. By 1985 extend such services to all young families at risk.

Assuming that efforts are made at prevention on a fairly broad scale and that they are effective, the provision of services for pregnant girls and young parent families will not be so difficult as it appears. The numbers to be served would be greatly reduced, especially at the point full services for all young families are projected.

STRATEGY FOR TODAY AND TOMORROW

Who Must Be Involved

Solutions to the problems of early parenting involve all segments of society. Without attitudinal change on the part of the lay public, some of the needed changes cannot come about. Efforts by organizations such as the Child Welfare League through the Consortium on Early Child Bearing and Child Rearing, the National Alliance Concerned With School-Age Parents, the National Foundation/ March of Dimes, and member agencies of groups such as the Florence Crittenton Division of the Child Welfare League have done much to change both public and professional attitudes with respect to pregnant girls, in particular the need for continuing education and early prenatal care. However, resistance to and apathy about federal legislation separately proposed by Senators Kennedy and Bayh in 1975 show that much has yet to be done.

A great deal of public education is needed to deal with pregnancy prevention and to gain support for long-term comprehensive services efforts on behalf of young families. The Planned Parenthood Federation of America has been active in the prevention area, but is more or less tied to issues regarding birth control and abortion. Even the new Teen-Age Pregnancy Initiatives proposed by HEW in 1977, although a step in the right direction, are unlikely to have widespread impact unless public support for investment of community dollars also emerges. Broader efforts are needed to reduce adolescent pregnancy.

No true advocate for long-term services for young families has yet appeared. Therefore continued federal involvement in public education and assistance to organizations advocating change regarding early childbearing and childrearing is important. The professional community also must become more informed and involved. Policy makers, program planners, and program directors must be oriented in particular to the need for continuing intervention efforts. Complementary efforts by federal, state and local governments, along with professional groups and organizations, are essential for this educational task.

What Needs to Be Done

Adolescent childbearing and childrearing is a national problem that must ultimately be resolved on a community level. Communities must be given impetus toward and support for development of preventive efforts, pregnancy services, and comprehensive programming for young parent families. Federal and state backing for community programming must be available in a variety of ways.

At the federal level, legislation must mandate that a federal agency take specific responsibility for problems of early childbearing and childrearing. Funding must be granted for this purpose. However, the Federal Inter-Agency Task Force approach to the problem should also be revived. Federal cooperation and coordination are necessary to assure a wide range of appropriate research. In particular, research on problems of pregnancy prevention and long-term services to young parent families must be carried out, and the findings must be disseminated. Guidelines for use of existing agency funds should be revised to include young parents. Priority for service should be given to young parents. Where discrimination against young parents takes place locally, restrictions on the use of federal funds may be necessary.

State governments have a vital role to play. They must coordinate their resources to focus on adolescent parenting. Some states have developed plans to employ a permanent coordinator of the various departments and agencies, to oversee planning in the young parent field. This model should be evaluated and, if effective, adopted widely.

States must assess what roadblocks to service exist and what additional kinds of programming are needed to build appropriate service networks. In some cases, legislation may be required.

Some states have already made it illegal to deny education to pregnant girls and young parents. Many also have laws enabling minors on their own to consent to health care.

Communities especially need to eliminate existing overlapping and duplication of services, and to provide service for previously unserved populations. State and federal resources should be made available for comprehensive community planning. Models for multi-service programs for pregnant girls are diverse and available for appropriate adaptation by communities.

Models for long-term service to young families are not yet available. Their development can be speeded by using the experiences of existing programs for pregnant girls that provide components of service on a longer-term basis. However, the thrust toward serving young families postpartum can no longer be labeled follow-through. New models such as a work-centered approach, a day care/child care centered approach, or development of peer group support among young parents along the lines of self-help voluntary organizations, must be explored.

Growth and spread of long-range services for young families can probably be accomplished more rapidly than proliferation of services for pregnant girls was achieved because experts interested in young parents have already been identified and concern about young families has already been built up. Comprehensive prevention models will undoubtedly be the most difficult to develop and proliferate. This will be especially true if there is a renewal of more stringent moral attitudes toward sexual behavior.

Overall, those attempting to solve the problems of early parenting must be aware that the task cannot be done outside the context of poverty and racism. A disproportionate number of those giving birth at young ages are members of minority groups. Often they are members of poverty groups as well. Approximately half of those giving birth under 16 are members of minority groups. They are at greatest risk socially, educationally and medically, and currently are those least likely to receive services.

At issue, of course, is also the quality of services available to the poor. It does little good, for example, to focus on high school completion for young mothers if, when they finish, they are unable to read and write. Continuing attempts must therefore be made to solve some of this nation's most persistent social and economic problems. Without such action, it is unlikely that efforts on behalf of young parents can be effective.

Finally, one must be constantly aware of the knowledge gap. We do not know whether there would be a better return for money invested if greater efforts were made to improve the lot of young fathers, even if it meant reducing services to young mothers. We do not know precisely what the effects of adolescent parenting are on the children. We do not know if long-term services on behalf of young parents would help accomplish society's larger goals for all families. We do not know what works best in preventing adolescent pregnancies. Therefore, more research is needed to improve understanding of early parenting and ways to eliminate or ameliorate the negative effects.

Impediments to Comprehensive Planning

Resistance is likely by those whose theoretical base and framework for thinking still rest on the illegitimacy theory. Those still more concerned about how women "got that way" (out of wedlock, separated, divorced, widowed) than about meeting needs are likely to resist change. They are likely to be those for whom marriage is still the answer to a woman's problems, those not in sympathy with the women's struggle for equality.

Resistance is also likely by those who believe preventive services will encourage sexual activity. In this category are those who view any services to pregnant adolescents as "rewarding sin."

Resistance may also come from those who think that children are chattels, and that parental rights should take precedence. This issue has arisen over and over again in decisions about providing, without parental consent, treatment for venereal disease, birth control and abortion. In general, such persons are likely to consider efforts at prevention, particularly, an infringement on parental rights.

Resistance will also come from those whose budget-balancing slices first at human services programs. Therefore, the cost benefits of programs aimed at early childbearing and childrearing must be documented.

Alternative Futures and Their Strategies

It may well be that revolutionary new birth control methods --the once-a-year shot in the arm, for example--will become available in 5 or 10 years. Although this would be no panacea, for many young people there would be less decision making and less risk were such methods available to them. If birth control became as practical and acceptable as other immunizations, the problem of pregnancy in adolescence would fade from public concern.

Although unlikely, the possibility must be considered that abortion opponents within the next few years may force through a constitutional amendment restricting abortion. In such case, the increase in babies born to young parents would be significant. The result would be an additional drain on resources and on the economy. Although adoption might increase, more young parents would keep babies they did not want, or did want but would have difficulty caring for. Maternal mortality and morbidity from illegal abortions would undoubtedly rise again. Plans for more comprehensive service programs would have to be made.

Further reduction in human services, as states and cities face increasing financial problems, could mean further cutbacks in services to young parents. More efforts would have to be directed at helping communities use existing services (even if inappropriate) for young parents in the absence of an ability to develop specialized services for them. Young individuals would have to be more adequately prepared to care for themselves. An even greater emphasis would have to be placed on prevention.

CONCLUSION

In another time or place, young parent families might not have posed the dilemma for policy makers that they now do. But society is altering rapidly. We are in the midst of vast social changes with unknown consequences. Family forms, individual commitments, social group patterns and styles seem to be going in strange directions.

Within our pluralistic society, we respect and appreciate what diversity can offer. Although we want to reduce youthful childbearing, the intent should not be to eradicate it. There may be advantages that only time will reveal. It may be that in the future, since young people are not immediately needed in the work force, freedom from childrearing/child care at the end of life, rather than at the beginning, will be the better choice. This would leave individuals free at the height of their productivity, say from 35 on, to concentrate on completion of career. Early childbearing can and does work out well for many young people.

What we can now usefully try to accomplish is to assure that at whatever time of life people begin parenting, supports are there to help them undertake it successfully. Moreover, before early parenting begins, we must assure that young people know what they are undertaking, so that it becomes a knowledgeable choice.

Ultimately what is wanted for young parents is what is wanted for other youth and, indeed, for all people--to be optimistic about the future, about their own life chances, and about the future of their children.

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PERSONNEL ISSUES IN CHILD WELFARE

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In a real sense, human services are personnel, so pivotal are the quantity and quality of personnel to the service product. Personnel issues are also particularly troublesome because of the chronic imbalances between supply and demand, competing sets of interests, and the primitive state of knowledge of human intervention in relation to the complexity of the subject matter. These issues are derivatives of other questions concerning the functions, technology, organization and social context of the child welfare field. Thus it is necessary to address these latter issues in order to establish a framework for consideration of personnel problems.

This paper examines the functions of the child welfare field; how these are translated into basic tasks; the allocation and organization of work of child welfare service delivery systems; the logistics of recruitment and retention of personnel; and the implications for education and training.

CONCEPTUAL FRAMEWORK: THE SOCIAL SYSTEM

Social system analysis is well suited to the study of a complex subject such as child welfare services, since this framework allows us to view the interrelationships among several variables.[1] For purposes of this paper, a social system is defined as the interaction of a set of elements over time, around a common focus. Thus, a system is viewed as more than simply a set of patterned relationships.[2] The introduction of the time factor directs attention to important attributes of the kind of system being studied: the development of reciprocal expectations among parts of the system; external expectations regarding the behavior of the total system and its parts; and the fact that the system learns from feedback, so that present and future relationships are influenced by past experience. The system has a common focus but not necessarily a common set of goals; there are conflicting as well as consensual expectations. Some definitions of social systems suggest that they are the result of deliberate planning to achieve explicit ends,[3] but such a definition would rule out informal systems that evolve without conscious intent.

This paper deals with one component of the total child welfare system, the personnel subsystem. This in turn can be broken down into a number of subcomponents: the utilization subsystem (how work is organized and allocated), the logistical subsystem (the flow of personnel into and out of child welfare) and the educational subsystem (means by which personnel are prepared for work roles).

BASIC FUNCTIONS AND ASSUMPTIONS OF CHILD WELFARE

To understand how child welfare work is carried out, it is necessary to clarify what that work is. Historically, organized child welfare has had two major foci: physical protection and socialization.[4] Control over the socialization of children has been a major issue in child welfare. It lay at the base of both the widespread sectarian sponsorship of children's services in this country and the sometimes bitter battles among religious groups over child welfare policies.[5] Recent arguments regarding transracial adoption have echoed those heard previously in sectarian controversies of a similar nature.[6]

But the primary function of child welfare has been the preparation of children to participate in the industrial society, either as members of the work force or as parents who would prepare their own children for such roles. The great emphasis on inculcation of the work ethic, together with the lack of consistent efforts by child welfare agencies to prevent exploitation of child labor by industry, has made clear the priorities as between the functions of socialization and physical protection. Beyond work-force preparation per se, there is the more general aim of developing citizens who are law abiding and generally support the prevailing social order.

An underlying premise in child welfare has been that the family, as the basic childrearing unit, is the key factor in child socialization.[7] There are historical factors involved in this, as well as the fact that other professional disciplines (e.g., education and medicine) and related institutions have been vested with responsibility for other aspects of child development.

Another basic premise has been that, insofar as the family failed to perform its childrearing functions satisfactorily, the major problem lay within the family members themselves and their interaction.[8] This in turn has led to a prevailing "rescue" orientation in child welfare, in which a general objective was to emancipate children from the negative influences of their native environment.

UTILIZATION OF CHILD WELFARE PERSONNEL

As one considers how the work of the child welfare field is organized and allocated among different kinds of personnel, prevailing patterns and conventional wisdom regarding the division of labor must be set aside in order to consider alternative arrangements. The child welfare mission has been described as supporting or providing the socialization and physical protection of children, especially when the natural family is not fulfilling these functions. This mission can be translated into five basic tasks: decision making; acquisition and mobilization of resources; intervention to influence behavior and attitudes of children and other family members; care of children; and integration of work.

Decision Making

Decisions in child welfare can have life-determining consequences for children, placing great responsibility on child welfare personnel--a burden for which the available knowledge base is not commensurate with the complexity of the matter. Not only do the majority of child welfare workers lack special training for decision making, but the predominant professional discipline, social work, has chronically lacked well developed conceptual tools and precise terminology.

Perhaps no decision is more crucial than whether a child should remain with his/her parents or be removed from home. Many such judgments are made after limited contact with the principals and on the basis of amorphous criteria on which experienced professionals have tended to disagree.[9]

Phillips et al. found that of 64 placement decisions involving contact with natural mothers, 39% were made after one contact and 62.5% after two,[10] even though the mother's functioning is the major factor in placement decisions.[11] Of at least equal concern is the kind of information on which such decisions are based. Phillips, Haring and Shyne found a high rate of disagreement among highly experienced practitioners who acted as judges in assessing family and child functioning. In one instance, out of six practitioners, all of whom had more than 10 years' experience, at least two disagreed with the majority 45% of the time on whether placement was indicated.[12] In another instance, members of a panel of three disagreed with one another more than half the time on key factors in the cases before them.[13]

The assessments of mothers in such cases tended to be highly subjective: "showing little concern for children, not setting limits, not being warm and affectionate, and appearing withdrawn and depressed." Judgmental factors that entered into the assessments included "degree of recognition of own part in the problem . . . desire for change . . . degree of ability to verbalize . . . ability to manage money . . . warmth and affection . . . supervision and guidance."[14]

This is not simply a problem of individual workers' judgments, but is reflected in instructional materials put out under the imprimatur of the Child Welfare League of America. For example, one guide to workers included the following:

> Child appears to have little capacity for change. . . . [Parent] shows little concern for child . . . is not warm and affectionate with child . . . places excessive responsibility on child . . . ability to verbalize feelings . . . agreement with worker's proposed plan for service.[15]

On such grounds are major decisions made--decisions that can determine a child's future. Meyer wrote, "Placement decisions are more than a little subject to the constraints of our limited knowledge, our value preferences and our professional biases."[16] The same problem occurs in selection of foster homes and adoptive parents.[17] In addition, decision making is shaped by a service enterprise and a professional culture dominated by middle class, majority assumptions and a tendency to read pathology into behavior that does not conform.[18]

Despite the frequently expressed concern about the negative effects of removal of children from their own homes, the field has been slow to move away from its historic rescue mission of placement away from natural parents. Fanshel, in a major followup study of 624 children in foster care, found that over a third were still in placement after 5 years.[19] The likelihood of a child's returning home after that time is slight indeed. And within the substitute care system, particularly in foster family care, children often have several placements.[20] Aside from the basic instability of such arrangements, foster parents cannot offer permanent belonging to foster children.

The potentially devastating consequences of all this have long been recognized, but the situation has not as yet been greatly altered.[21] Currently there is emphasis on moving older and handicapped children into adoptive homes, but many difficulties are encountered in freeing them for adoption and increasing the supply of adoptive homes. For some children, placement in agency-owned group homes offers a stable environment, but not permanent parents.

Especially as decision making concerns the possible removal of children from their natural environment, greater care and restraint should be exercised. However, the alternative to child removal is not simply "hands off." Even if children were not objectively endangered, society would demand intervention when its values and norms were violated. Thus, the question is what kind of intervention? The answer is based upon the underlying assumptions regarding human functioning. A basic weakness in decision making in child welfare currently is its general orientation toward psychological and emotional malfunctioning. It is proposed that this flies in the face of much that is known about low status family life, which we use as a model because most families involved with the child welfare system are low income.

Alternative Assumptions Regarding the Child's Home Environment

The family can be looked upon as a social system in interaction with other systems in its environment. The family system relies for its existence on resources it obtains from its environment. Thus the patterns of interaction, the exchanges that take place with the environment, and the family's ability to predict them become crucial. In pursuing its interests, the family system learns to accommodate to its environment to maximize its advantages and minimize threats.

Internally, there is a differentiation of roles taken by family members; these have personal significance for the members as well as for the maintenance of the family system itself.[22] And the balance of interaction among family members is important to family stability. The entry of a new member (birth of a child) or departure of an older member (desertion or death) disrupts the system, which then has to adapt to the new situation, adjust role relationships, etc. Thus family members have a stake not only in their own well-being, but in the continuance of the family itself.

A substantial body of theory and empirical research on families supports the view that the family, like other social systems, is used by its members to fulfill their purposes, which by and large are rationally related to their values and interests. For example, variations in the degree of interaction with other members of the extended kin network are directly related to geographical proximity and availability of alternative sources of support, rather than to a "culture of kinship" that is passed from generation to generation.[23] Likewise, class-related differences in involvement with the immediate neighborhood, as opposed to a more extended social world, are functionally related to meeting vital needs.[24]

Using the system framework, one can identify the major external sources of support for the lower status family.

1) The large systems that provide basic economic and other essential life supports. These may include employers, the welfare system, health care institutions, law enforcement, housing and transportation systems.

2) Intermediate institutions that may help link the family with the large systems, provide essential supports, especially in emergencies, and shield the family from threats from the larger systems. These intermediaries are generally indigenous to the community of the family. Examples are churches and neighborhood social clubs.

3) The web of informal relationships, kin and nonkin, that provides both social supports and sanctions against kinds of behavior.[25] Such social networks are especially significant in the lives of the poor, particularly women, and, among women, particularly those without husbands.[26] Child rearing is one area in which the informal network plays a major part.[27] Moreover, the current social milieu has been found to be a more salient factor in the life style of low income mothers than their upbringing, belying the significance of the so-called "culture of poverty" passed on from generation to generation.[28]

Families relate to these elements in their environment in different ways. Relationships with large bureaucratic systems are marked by alienation and social distance and are generally negative. This orientation carries over to official representatives of such systems.[29] Involvement with intermediate institutions is uneven, with the degree of interaction roughly commensurate with the degree of family "stability" and orientation to middle class values.[30] As families are less able to depend on these more formalized systems, they turn to the informal social networks around them.

Obviously individual psychopathology as an element in child and family functioning cannot be ruled out, but it should have less prominence than it currently seems to have in the assessment of children's needs and problems. On the basis of the proposed alternative framework, one is led to a greater emphasis on recognition of the child's natural environment as a basic resource. This suggests both a different orientation to decision making and, as is discussed later, a different emphasis in direct intervention than currently prevails in the child welfare field. Both changes would have major implications for personnel utilization.

Resource Mobilization

Mobilization of resources in a client's behalf--that is, provision for needs such as income, health care and housing--has had varying emphases. In one sense, it has been relegated to a humble status among most social work professionals. This view goes back to the time when charity gave way to the more glamorous psychosocial focus in family and children's services.[31] But much child welfare staff time now goes into such mundane activities as arranging doctors' appointments, discussing income and school problems with foster and natural parents, etc. And researchers have found that concrete realities of daily living play a major role in whether children are able to remain with their natural parents.[32] It is a kind of activity that ordinarily does not require advanced professional training. In the last decade, resource mobilization has taken on a somewhat different image as it has become associated with child advocacy, that is, aggressive action in behalf of children.[33] There has been a tendency in the past for child welfare agencies to see their major role in resource mobilization as being played after the child was removed from home. This is self-defeating, since in many instances a child's removal could be prevented by adequate income, housing and health care.[34]

Direct Intervention With Family Members

Intervention to affect the behavior and attitudes of family members has been a major focus of child welfare practice theory, whose primary model is social casework.[35] This is defined here as intervention that: a) is aimed at achieving defined rehabilitative goals; b) is based on a diagnostic assessment that in turn is based on systematic concepts of human behavior; and c) utilizes the one-to-one relationship as the major tool.[36] This model is used for direct intervention not only with clients, but with foster parents, homemakers and others in ancillary helping roles.[37] The official standards of the Child Welfare League of America for protective services call for a wider range of interventive skills--including "skills in consultation, in work with other professionals, in group leadership, in supervising a team operation, and in working with community groups."[38] But the emphasis in the field generally, and more particularly in professional education for child welfare, is still on casework.

The apparent lack of success of casework intervention in altering client behavior has been the subject of much study and discussion.[39] Experimentation with intensive services to natural parents has yielded mixed results, but some recent research, involving intensive casework by special staff, has yielded more promising results, both in terms of maintaining children at home and getting them back once in placement.[40] Whether broad application of such experimental conditions would be feasible or productive has not been widely tested. In general, traditional casework approaches in the human services have been under severe attack.[41] Social workers are currently experimenting with alternatives, although these newer approaches have not significantly penetrated the agencies that provide most child welfare services.

In recent years sociobehavioral techniques of intervention have been espoused as more effective than traditional casework approaches.[42] Their use with families of children in foster care has been described in the social work literature.[43] Although it may be early for a full assessment of the potential of these techniques, proponents cite systematic, empirical evidence that is more convincing than what the traditionalists have been able to show.[44] In particular, focusing with clients on specific problems and outcomes for which progress can be measured in tangible terms has much to be said for it.[45]

There are major unresolved issues regarding these techniques. The object of change is the behavior of the individual or group experiencing the problem, so environmental problems tend to be neglected. Another issue is that of control over the process. To the extent that the client has the option to participate or not, sociobehavioral intervention can be emancipating. But, aside from the great popularity of behavior modification in prisons and other coercive settings,[46] most persons who become involved with child welfare agencies--especially in the public sector--are under external coercion to a significant degree. Ironically, then, the greater the effectiveness of the interventive means, the greater the threat to individual freedom.

Of a quite different order is a range of interventive models that have emerged in recent years under names such as "structural," "developmental" or "system."[47] The common elements among these are: 1) an advocacy orientation in which the worker treats the vital interests of the client as paramount, even in relation to the vital interests of the human service system itself; 2) a conception of human problems as generated primarily by environmental conditions, so that attention is focused on the individual, his/her environment and the interaction between them; and 3) a wide diversity of intervention roles keyed to the needs of the particular moment. There has been too little experience with these models to allow a reasonable assessment of their potential. But in view of the previous observations about low status family life, they appear to hold much promise.

Society's concern with child socialization goes back centuries. But it is in the past 100 years that this concern has been expressed primarily through professional bureaucracies, edging out the "indigenous volunteer."[48] It is not proposed here that we try to reverse this process, that is, dismantle the professional bureaucracies and go back to volunteer efforts. Instead, we should capitalize on the natural supports and constraints that exist in the family's environment and on which the family is dependent for survival. As it is now, the child welfare system tends to compete with this environment, instead of utilizing it.

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The social milieu does not necessarily or automatically play a constructive role, as witness the many instances of family isolation and child abuse and neglect that occur. The uncertainties of life in low income areas can make relationships transitory and superficial.[49] And the more "respectable" (and more stable) residents of a neighborhood may reject the less respectable.[50] But there are significant strengths in ghetto life that have been ignored by some social agencies and social scientists in the past. Such communities show remarkable ingenuity in coping with massive environmental pressures and offering mutual aid in times of emergency.[51]

Yet there are two questions regarding the potential viability of the social milieu as a support system. One concerns the transitory nature of many social relationships in the ghetto; the other concerns the social values of ghetto life in relation to the socializing mission of the child welfare field.

The importance of stable and enduring relationships in a child's life is clear.[52] Although pair relationships in the ghetto may be transitory, the social network as a whole goes on, with a great deal of interdependence among its members. As against this network, built of spontaneous and mutual ties and bound together by survival needs, the child welfare system can offer a child an uncertain and shifting future, without true belonging, among people with whom he or she may have little in common.

This raises the question of the values and norms of the lower class community. Do work habits, sexual patterns and criminal activity that may "make sense" in the short run to persons trying to cope with ghetto life simply lock them permanently into life at the bottom? One must distinguish between value preference and day-to-day behavior. There is substantial evidence that behavior in the ghetto is an attempt to cope, and that the poor actually share many middle class value preferences and aspirations.[53] Then again, there is increasing awareness of the extent to which middle class Americans indulge in the kinds of "deviant" behavior that folklore identifies with the poor. But assuming that the child welfare field wants to inculcate a different set of values, a potentially effective vehicle for doing this--and a crucial factor in any event--is the social network on which the family is dependent for many daily needs.

Strengthening the Natural Support System

Granting that the social network does not automatically become an effective support system, what kinds of intervention are needed to bring this about? The foregoing discussion suggests that it is necessary to reverse the prevailing order of priorities among social work skills, elevating to a central position some that have been viewed as ancillary in the past. These include social group work, particularly that associated with informal education in a community setting; grassroots organizing; the kind of resource mobilization alluded to earlier; and the array of intuitive knowledge and skills associated with the indigenous paraprofessional.

Settlement house--community center activities associated with group-level intervention in a community setting have a long history in social welfare and the social work profession, but they have tended to dwell in the shadow of the more prestigious casework in a clinical context.[54] To date, group work in child welfare has been mainly with strangers brought together around a specific focus. Not only is this kind of group experience temporary, with carryover relying on what members have internalized, but the focus is more on personal functioning and feelings than on common environmental problems.[55]

One problem for the professional engaging in such interventive activity with low income populations is the social distance barrier imposed by social class differences, bureaucratic structure and professionalism. A necessary ingredient, then, is a person who can bridge the gap and be accepted by community residents. Such a person is the indigenous paraprofessional. Such workers not only have an easier time in crossing the social distance barrier,[56] but bring intuitive knowledge and skill out of their life experience that are not shared by middle class professionals.[57] Indigenous workers can serve as role models for other community residents.[58] And they have the warmth, spontaneity and dedication too often lacking in professional workers.[59]

Ayre described a family service agency project in which indigenous workers were used in a wide range of roles in low income areas of Chicago.[60] The workers, already well known in their communities, came to be identified by residents as resources for many needs. Their roles included those of outreach and referral specialist, good neighbor, bridge builder between families and the agency, advocate, community organizer, counselor (primarily direct advice on concrete problems, but also on attitudes and behavior), and role model.[61] Most of the literature regarding this sort of involvement of paraprofessionals has been drawn from urban agencies. But this kind of work activity is at least as relevant in nonurban settings.[62]

For indigenous workers to be most useful they must be given the kind of breadth of responsibility described by Ayre and maximum flexibility in meeting it. Obviously, there cannot be intensive training for special expertise in all of these various roles. Rather, indigenous workers must rely to a large extent on their own life experience and intuition. The training needs of indigenous workers are discussed later.

There are risks in simply "unleashing" indigenous paraprofessionals to carry out service goals in a free-ranging manner. What is to guarantee that they will not undermine these goals, rather than promote them? Aside from training, there has to be a way of integrating the indigenous role into the total operation without squelching the creativity and spontaneity that are key assets. One means of doing that, the service delivery team, is discussed later in this paper.

Care of Children

For children at risk of placement, where the home environment is the primary concern, the natural supporting network may offer a valuable resource. An individual in the child's natural milieu, whether or not a relative, may be enlisted to provide direct care on a temporary or more sustaining basis. This minimizes the shock of relocation for the child and allows continued contact with the natural family. Conceivably, a supportive group of households might jointly care for a child when the parent is unable to do so. The agency and its personnel might help initiate the arrangement, assess the plan that is worked out and provide support in the form of money, concrete services and consultation. For this kind of arrangement to become a significant aspect of child welfare, agencies and their professionals may have to change their conception of an adequate home environment. It may be necessary to balance the advantages of minimal disruption to the child's life against traditional standards of adequacy.

Where a child's own behavior is the primary problem and a special environment is needed, agency-employed personnel, whether foster parents or institutional child care staff, come into play. The role of foster parents has been ambiguous, but there is a growing trend to view them and to train them as indigenous personnel who are expected to carry out the purposes of the agency program.

Institutional child care personnel are more readily viewed as paraprofessional staff, since they are based in the agency facility. Everything that has been said of paraprofessionals applies to them. To the extent possible, they should be indigenous to the home milieu of the majority of children in their care. Workers in facilities for children with serious emotional disturbances and other special problems must have additional expertise.

The training needs of foster parents and other child care personnel are discussed in the section on educational issues.

Integration of Work

Work integration includes both the coordination of work roles and overall direction of activity to achieve stated service goals. It is accomplished partly through structural arrangements and partly through administrative activity.

The obvious benefits of specialization of work roles and their combination in large, complex organizations have been achieved at a price. Particularly in the human services, which respond to a wide and changing array of personal and group needs, bureaucratic organizations set up barriers of impersonality, fragmentation and regimentation. Not only does bureaucratization lessen the responsiveness to client needs; it has adverse effects on workers and their interrelationships.[63]

One negative effect of organizing workers into functionally specialized units is that the burden of coordination is pushed upward in the hierarchy.[64] Since each unit has responsibility for only part of the organizational mission, it tends to become preoccupied with its segment of the operation to the exclusion of others, to relate to clients in an artificially delimited manner and to develop special relationships with certain external constituencies.[65]

These problems are readily apparent in large child welfare agencies, where separate divisions are responsible for intake, protective services, home finding, boarding home care, adoptive placement, institutional placement, etc., often with little communication with each other. The same family may have to deal simultaneously with two or more such divisions. It is not necessarily the fact of having to relate to different workers that creates problems for clients. Low income individuals, for example, relate to many others, often having to respond to subtle differences in expectations. Problems come when the differentiation is based on organizational convenience rather than client needs, and the workers have little awareness of what other workers are doing.

One way to reduce the negative effects of bureaucratization has been through deliberate de-specialization of workers' roles and creation of a human service generalist, who has a diversity of skills for dealing with the full range of problems and functions. The intent is that workers be maximally responsive to the total needs of clients. This role conception should also reduce the burden of coordination at the top of the hierarchy, since integration of functions takes place primarily within workers. Likewise, more decision making can be relegated to line staff. The most obvious limitation of this model is the need for each generalist to encompass a vast range of skills and knowledge, creating a tendency to be "spread thin." So there may be a dilution of expertise as the price of the breadth.

An indirect consequence of both the specialist and the generalist models is that workers within a unit are engaged in essentially parallel sorts of activity. Division of work within the unit must to some extent be arbitrary, based either on an equal division of workload, geographical assignment or judgments of senior personnel. Since the responsibilities are parallel, there is no inherent interdependence among coworkers. Thus a potential source of cohesion within the unit is missing.

One means of dealing with these problems of work integration has been the team model of service delivery.[66] In this arrangement a number of specialists collaborate in the same work unit. Integration of effort is at the unit level, rather than within the individual worker or at higher organizational levels. This model has the advantage of allowing specialization without fragmentation. The burden of integration is dispersed throughout the system, and internal cohesion within work units is fostered through interdependence of workers. There is now sufficient experience in child welfare and other fields to show that use of teams is a feasible and useful approach.[67] This development should be encouraged. It has important implications for the other personnel issues.

The five basic tasks in child welfare--decision making, resource mobilization, direct intervention, child care and work integration--can be encompassed in the team. The specific division of labor among team members can be determined on the basis of the requirements of the particular situation. The team can also help in dealing with the previously mentioned problem of integrating the roles of the professional and paraprofessional. Indigenous workers have trouble moving beyond the specifics of the immediate situation. The close identification of many paraprofessionals with the client community--a tremendous advantage in reaching community residents--may limit their perspective regarding the overall child welfare function. On the other hand, the professional's perceptions of the impact of policies and programs on the client population may also be limited. So the professional and paraprofessional workers can be complementary. Within the team, their interdependence can be used creatively to maximize the effectiveness of both.[68]

For this to happen, the team requires effective leadership. A frequent problem in the use of paraprofessionals is resistance on the part of professional workers.[69] Such resistance and conflict are most likely to be dealt with successfully when the respective groups are required to collaborate in a joint operation. The experience of the family service project described by Ayre suggests that this can occur.[70] The alternative is to segregate professionals and paraprofessionals, depriving each of the enrichment from the other and allowing negative sentiments to be reinforced informally in both camps.

The team, then, is a major tool for organizing work effectively. It allows flexibility in assigning specific tasks to different actors. For example, the mobilization of resources can be handled by a specialist trained for that function, who does not have to be expert in understanding the dynamics of family functioning and interaction with the social network because there are other team members who supply this expertise. Each member can have a special contribution, yet the consumer does not get "lost" among the specialties. By the same token, the consumer is not subject to the control of a single worker.

The use of teams frees us from some of the conventional notions about work roles in child welfare. It will be noted, for instance, that there has been little discussion of adoption work per se. Traditionally, adoption has been looked upon as requiring especially highly trained staff. In part this is related to the monumental decisions affecting a child's entire future; but it may also be related to the fact that adoption workers are often involved with middle class, relatively sophisticated individuals as adoptive parents. The view here is that any decision that involves removal of a child from his or her natural environment is monumental. Because of the permanence of most such separations, they are equally risk-laden, whether or not adoption is involved. In fact, one might make a case for the greater responsibility involved in placing a child in the drifting and uncertain world of long-term foster care, which today means most foster care.

The use of teams requires reorientation and new skills at both the supervisory and administrative levels. Accountability for specific case situations, including both individual and family problems and peer-group and neighborhood-level processes, rests with the team instead of the individual worker. Since it is the team that carries the caseload, the task of assigning work in a way that best uses staff skills and is equitable is more challenging.[71]

But the most important task of the team leader is molding the individual members into an effective working group. Just as group-level interventive skills become more important in the proposed direct-service model, the group process within the team becomes paramount. Everything that has been said about the importance of the web of informal relationships for family functioning is also applicable to the web of work relationships of the individual team member and to the effectiveness of the team as a whole.[72]

At upper administrative levels the team concept likewise requires reorientation. The point has been made that team organization can reduce the burden on the upper echelons to integrate and coordinate the work of the organization. By the same token, administrators must allow maximum latitude to teams in the way they carry out their responsibilities.

The traditional bureaucratic structure tends to induce a process orientation rather than an outcome orientation. The division of labor into discrete segments in the organization, the extrinsic reward system and the lack of personal investment in the total operation foster displacement of attention from organizational ends to organizational means.[73] This tendency is intensified in human service bureaucracies because of the difficulty in measuring outcomes.[74] The team structure has the potential for changing this. Since responsibility for total service to a given client population rests with the team, the team can be held accountable for results but not necessarily for the way to achieve those results.

An indirect benefit of the team model is the potential for a working environment that is more humanizing than the bureaucratic and fosters professional growth of all personnel.[75] Thus, these changes have major implications for the socialization of personnel.

THE SUPPLY-DEMAND CYCLE: THE LOGISTICAL SUBSYSTEM

Four basic elements are involved in the flow of personnel into the child welfare system: the demand for personnel, the pool of potential recruits, the training facilities to prepare the personnel, and the financial resources to attract and retain personnel and support training programs. In theory, changes in the need for child welfare services (demand) should trigger changes in the flow of funds, which in turn determines the ability of the system to recruit and train personnel. Variations in the size and character of the pool of potential recruits should affect the amount of financial resources needed to recruit and train them.

Each component of the supply-demand cycle is affected by external factors. For example, the number of children of certain ages, the degree of family disorganization and other social phenomena affect the level of need for services. Policy changes and more generally the political climate influence the flow of funds. Professional licensure, unionization and competition from other occupations affect the availability and eligibility of recruits. And changes in educational policies and practices have an impact on the capacity of institutions to train child welfare personnel.

Although the definition of need for child welfare service has always been amorphous, need has tended to be thought of historically as residual, aimed at children in most dire circumstances. A much more expansive concept of need was suggested in the 1962 Amendments to the Social Security Act. Among the Act's purposes were:

> to prevent and solve problems that result in the neglect, abuse and delinquency of children;
>
> to promote the welfare of the children of working mothers;
>
> to strengthen the home and to provide adequate care for children away from their homes.[76]

Given the vast increase in employment of mothers and the steadily rising percentage of broken marriages in recent years,[77] this language could easily encompass the majority of American children, for whom prevention of problems that may result in neglect, dependency or abuse could be relevant, to say nothing of the strengthening of the home. Although clearly the intent of these and other provisions is not nearly so sweeping, the scope of many child welfare programs and thus the populations "in need" go well beyond the traditional "residual" definition of need. Thus, "need" in child welfare is subject to varying definitions.

The actual demand for child welfare services is different from this broad and general concept of need. Of all children who could be defined as needing services, according to this concept, only a percentage are actually referred for service and enter the child welfare system. This percentage varies, depending on the availability of resources, public awareness of child-related problems and the general political and social climate. It is possible, therefore, that during a period in which the number of children in problematical circumstances remained relatively constant, the effective demand for child welfare services might rise or fall, based on "supply" factors.

Analysis of Trends in Child Welfare

In this section, the interrelationships among the four elements previously cited--demand, personnel, educational facilities and financial resources--are considered. If there is a causal relationship between two sets of factors, we can expect to find a statistical association between them over time. Although such an association does not prove a causal relationship (both factors may be caused by still a third, unknown, factor), it at least allows for the possibility.

Are trends in utilization of child welfare services more closely associated with 1) the number of children at risk, as reflected in total child population and cases of neglect and dependency, or 2) changes in internal factors, such as child welfare personnel and funding? Depending on which of these sets of associations is stronger, there is prime facie evidence for asserting that one or the other set of factors is more strategic in influencing service utilization.

This issue is important in considering the "manpower crisis" discussed in recent years, in that personnel shortages--that is, gaps between the number of children identified as needing services and the personnel available to supply them--may be an indirect function of changes in the supply of personnel or of redefinitions of service needs. For example, a 1970 commission report predicted continued personnel shortages, since services should be expanded to include child advocacy as well as comprehensive services from birth to age 24.[78] Yet by and large the discussions of manpower issues in the professional literature have operated on the assumption that one could "close the gap" by means of expanded recruitment and training or by more efficient use of existing resources.[79]

Ginzberg suggested that public health personnel shortages were in part a result of the creation of positions, by increasing funding, at a faster rate than workers could be trained to fill them.[80] In social work, the literature has stressed the lack of professionally trained (generally at the graduate level) personnel, rather than the number of persons per se, further constraining the possibility of filling vacancies.[81] The astronomical figures cited in some reports, presumably intended to galvanize persons into action, may in fact lessen action by giving the entire discussion a note of unreality.[82]

We are hampered in our analysis by a lack of data that are consistent over the years. The only annual statistics the writer has been able to locate on professional child welfare workers, for instance, are for public agencies. Yet a significant number of professionals are employed in the voluntary sector.

Table 1 shows the changes in full-time professional staff in public child welfare agencies from 1946 until 1969, the last year that separate data were kept for child welfare programs. To be noted are the rapid increases that occurred in the immediate postwar period and again in the mid-1960s. This latter trend slowed and was then followed by a sharp decline at the end of the decade. Since personnel funds continued to rise in 1969, the most likely explanation for the drop in workers is that personnel were being diverted to other responsibilities.

TABLE 1. Number and Percentage Change in Full-Time Professional Personnel in State and Local Child Welfare Programs, 1946-1969

Year	Number	% Change
1946	2,891	---
1947	3,235	+12
1948	3,629	+12
1949	3,836	+ 6
1950	4,146	+ 8
1951	4,465	+ 8
1952	4,866	+ 9
1953	4,937	+ 1
1954	5,149	+ 4
1955	5,350	+ 4
1956	5,628	+ 5
1957	6,133	+ 9
1958	6,465	+ 5
1959	6,854	+ 6
1960	7,556	+10
1961	8,149	+ 8
1962	8,724	+ 7
1963	9,348	+ 7
1964	10,379	+11
1965	11,400	+10
1966	13,000	+14
1967	14,047	+ 8
1968	15,100	+ 7
1969	12,500	-17

Sources: 1946-1954, Personnel in Public Child Welfare Programs (U.S. Children's Bureau, annual); 1955, estimate based on extrapolation; 1956, Staff in Public Child Welfare Programs 1956, With Trend Data 1946-1956 (U.S. Children's Bureau, annual); 1968-1969, Child Welfare Statistics (National Center for Social Statistics, annual).

Concern about a manpower shortage in the early 1960s was a major argument in favor of seeking to increase child welfare staff. One assumption was that more personnel would reduce the number of vacant positions. Instead, as Table 2 shows, the vacancy rate increased as the number of personnel increased; that is, positions were being created faster than they could be filled.

TABLE 2. Vacant Positions as a Percentage of All Full-Time Professional Positions in Public Child Welfare Programs, 1957-1967

Year	%	Year	%
1957	9	1962	8
1958	9	1963	8
1959	8	1964	9
1960	9	1965	10
1961	8	1966	13
		1967	12

One explanation for growing vacancies amid increasing personnel is that more positions were being created with the help of expanded funding. Another lies in caseload size, the number of clients being served by a worker. Average caseload size, as reflected in the ratio between children being served and the caseworkers serving them, declined during the 1960s in public child welfare. Between 1962 and 1968, the ratio declined from 65-1 to 59-1. (The sharp reduction in personnel in 1969 was reflected in a reversal of this trend.)[83] The 1962 Amendments to the Social Security Act were intended among other things to reduce caseload size.[84] In addition, caseload size has traditionally been a major concern of social work professionals and unions of social service personnel, and these groups were becoming more assertive during the 1960s. Thus, part of the increase in child welfare personnel was being absorbed by reductions in caseload size, in response to legislative initiatives and pressure from professional constituencies.

Factors Influencing the Equation

The growth in public child welfare personnel shown in Table 3 has been paralleled by similar trends in other factors since the late 1940s and early 1950s. But there have been noticeable variations in the rates of increase and decrease.

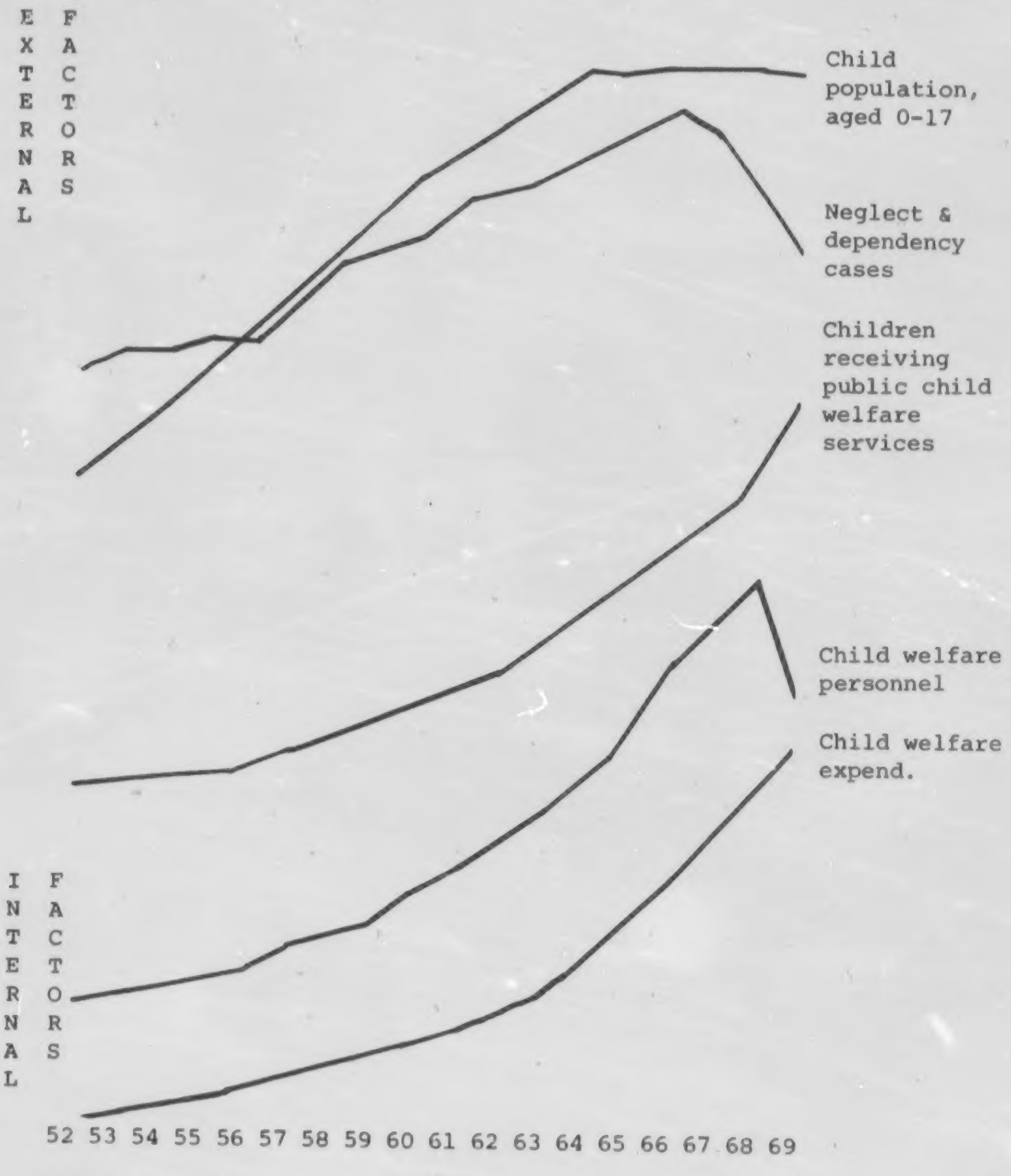
TABLE 3. Selected Trends in Public Child Welfare and Related Factors, 1952-1969

Year	A	B	C	D	E	F	G
1952	50.3	98	279	4866	113.0	7.1	25.2
1953	52.0	103	282	4937	121.0	7.4	27.1
1954	53.7	103	289	5149	126.0	7.0	23.3
1955	55.6	106	296	5350	135.0	6.9	26.9
1956	57.4	105	305	5628	145.0	6.9	34.7
1957	59.3	114	331	6133	159.5	7.9	38.6
1958	61.2	124	344	6465	176.1	9.5	43.4
1959	63.0	128	362	6854	185.6	11.9	48.3
1960	64.5	131	383	7556	211.1	13.0	53.4
1961	65.8	140	404	8149	224.1	13.7	58.3
1962	67.1	142	423	8724	246.0	17.8	64.6
1963	68.4	146	457	9348	267.8	26.1	71.5
1964	69.7	150	488	10379	313.0	28.8	82.5
1965	69.7	157	532	11400	352.0	34.2	93.5
1966	69.9	161	574	13000	396.2	39.7	108.6
1967	69.9	154	608	14047	452.7	45.7	128.3
1968	69.9	141	656	15100	499.7	46.9	145.0
1969	69.8	127	694	12500	563.1	46.9	148.8

A--Child population, 0-17 years (millions)
B--Neglect and dependency cases in juvenile courts (1000)
C--Children receiving public child welfare services (1000)
D--Full-time professional employees in public child welfare
E--Public child welfare expenditures ($ millions)
F--Federal child welfare expenditures ($ millions)
G--Expenditures for public child welfare personnel ($ millions)

Sources: See note for Table 1. Information on expenditures, 1952-1956, *Financing Public Child Welfare Services, 1956, With Selected Trend Data* (Washington: U.S. Children's Bureau, 1957); personnel expenditures, 1952-1953, based on extrapolation; personnel expenditures, 1954-1955, *Selected Child Welfare Expenditures of State and Local Public Welfare Agencies, 1954-1955* (Washington: U.S. Children's Bureau, 1956).

CHART 1. Trends in Public Child Welfare and Related Factors 1952-1969



(See Table 3.)

As seen in Chart 1, covering the period 1952-1969, changes in the number of children receiving public child welfare services closely parallel the trend in public expenditures for child welfare, and, with the exception of the year 1969, the trend in full-time professional personnel. The number of children in these programs was relatively insensitive to external factors such as child population and neglect and dependency cases in court. The decline in neglect and dependency cases and the leveling off of child population were not reflected in the number of children in the public child welfare programs.

The trends show a high degree of interaction among the key factors in the supply-demand equation, *money*, *manpower* and *clientele*. This can be seen in the statistical correlations among factors. (If two factors are perfectly correlated, the correlation coefficient is 1. If there is no relationship, the coefficient is 0.) Table 4 presents the correlations of different factors with the three key components.

Despite the high correlations for all factors, one notes a difference between the factors "internal" to the child welfare programs and those that are "external," i.e., child population and neglect and dependency cases. The relationship with the latter was weaker. Because of the high coefficients, a function of the time dimension, a separate analysis was carried out using rates of change instead of actual totals. Table 5 presents the correlation coefficients for percentage change.

The use of rates of change instead of actual totals discloses distinctions among the three key variables. Although changes in children served and total expenditures show a generally inverse relationship to the external factors (i.e., a greater change in one is associated with a smaller change in the other), figures for child welfare personnel present a different picture. Rates of change in personnel are highly associated with rates of change in neglect and dependency cases.

What can we infer from these findings? It seems clear that the number of children entering public child welfare services is influenced primarily by funds expended for these services, rather than objective factors such as the size of the child population. Although theoretically one could hold that the relationship worked the other way--that is, an increase in the number of children would bring about greater expenditures--the lag in timing and the nature of decisions on spending make that unlikely. Rather, as the program expands more children are brought into it.

TABLE 4. Correlation Coefficients for Public Child Welfare and Related Trends, 1952-1969

Factor	Coefficient of Correlation With . . .		
	Children[a]	Personnel[b]	Expenditures[c]
U.S. population, 0-17 years	.86	.90	.83
Neglect, dependency cases[d]	.82	.87	.69
Children[a]	---	.98	.99[f]
Personnel[b]	.98	---	.96
Expenditures[c]	.99	.96	---
Federal funds[e]	.99	.98	.98
Personnel expend.[e]	.99	.97	.99

[a] Children receiving services in state and local public child welfare programs.

[b] Full-time professional employees in state and local public child welfare programs.

[c] Total expenditures for state and local public child welfare programs.

[d] Child neglect and dependency cases in juvenile courts.

[e] Included in total expenditures.

[f] More than .996.

TABLE 5. Correlation of Coefficients for Rates of Change in Public Child Welfare and Related Statistics, 1952-1969

Factor	Coefficient of Correlation With . . .		
	Children	Personnel	Expenditures
U.S. population, 0-17 years	-.29	.20	-.26
Neglect, dependency cases	.06	.55	-.11
Children	---	.36	.68
Personnel	.36	---	.21
Expenditures	.68	.21	---
Federal funds	.48	.34	.22
Personnel expend.	.30	.38	.43

The part of the equation that is less clear is personnel. A possible explanation for the strong association between changes in this statistic and changes in number of neglect and dependency cases is that, with more staff available, action is taken in more situations of potential neglect and dependency that might otherwise be ignored by the authorities. This is consistent with the notion that increases in child welfare caseloads represent a greater penetration of a population at risk by services, rather than an increase in the risk population itself.

The foregoing analysis indicates strongly that the size of the child welfare caseload cannot be predicted with any accuracy on the basis of population projections, which are themselves ambiguous. Furthermore, little support is given to the hope of "closing the gap" between needs and resources by expanding the personnel resources. As the resources increase, apparently, the caseload is likely to increase also.

The Consequences of Staffing Ratios

Regardless of the causal relationships among the key factors, does an increase in personnel have a positive effect on service to clients? Conversely, are staff shortages harmful? In one respect, the unprecedented expansion of child welfare personnel resources during the 1960s seemed to pay off. During the decade a greater percentage of children served by public child welfare were in their own or relatives' homes than in substitute arrangements. On the surface, there appeared to be more preventive work going on.

Between 1959 and 1969 the percentage of public child welfare clients (children) served in their own or relatives' homes rose from 39.5% to 49.2%.[85] But on closer examination these figures appear to be a function of additional children being brought into the system, rather than a diversion from substitute care. The number of children in substitute care (foster homes and institutions) rose during that period--in absolute terms, relative to the total child population and relative to the number of neglect and dependency cases in court.[86]

Gruber linked the problem of children in limbo in foster care to staff shortages. He found that about 1700 children in the Massachusetts Department of Family and Child Services had no assigned caseworker. And he discovered a strong relationship between the length of time a child had been in foster care and whether there was a worker assigned to the case. Nearly one child in five in the covered caseloads had been in foster care for less than a year, while more than nine out of 10 of the children in uncovered caseloads had been in foster care for a year or more.[87] The differences between covered and uncovered caseloads were limited to children who had been under care for up to 2 years; in other words, after a child had been in foster homes for 2 years, it made no difference whether or not the child had an assigned caseworker in terms of remaining in foster care.[88] The expectation that a child might be adopted was also significantly related to whether the case was covered or uncovered.[89]

A possible source of bias in Gruber's study was the fact that many supervisors "periodically judge which cases are in need of service and which seem to be custodial in nature."[90] Thus, rather than the child's prospects being affected by the presence of an assigned worker, the supervisor's assessment of those prospects influenced the decision to assign or not assign a worker.

When children are carried on the books with no assigned worker, and staff activity is reduced to emergency coverage by strangers, it is easy to see how children and their families become

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lost in the system. Unless natural parents initiate contact there is no contact, and with the exception of the bookkeeping department the child essentially ceases to exist as far as the system is concerned.

The converse is not necessarily true. Despite the positive results of special intensive service projects cited previously, moving toward smaller caseloads generally in the field will not automatically make major inroads on the problem of children in limbo.[91] Even if caseload reduction had this effect, it is not certain that increased resources would be translated into smaller caseloads overall. As has been shown previously, expansion of resources has also been associated with an expansion in the number of consumers. Further compounding the problem is the general unwillingness, currently and in the foreseeable future, of government to invest its resources in professional casework services in child welfare on the scale it did in the 1960s.

Recruitment of Personnel

With the cutbacks in human service funding, what used to be referred to as a "manpower crisis" has become an employment crisis. With more applicants than can be absorbed by the service systems in many fields, the problem of personnel selection and recruitment has shifted from one of quantity to one of quality.

The model of practice proposed in the previous section calls for a variety of talents that need not reside in the same individual. This requires a break with past thinking about personnel. The traditional casework model of practice called for recruitment of line workers, all of whom had the potential for making crucial decisions, knowing available resources and forming effective helping relationships. The relationships had to be empathic yet disciplined.[92] Since supervisors have usually been recruited from among line workers, and middle level administrators have come from supervisory ranks, these norms have applied to recruitment of all professional social work staff.

Given the diversity of functions proposed and the support of the service delivery team, it is possible to consider different kinds of strength more flexibly. For this there are few guidelines. For instance, there is not a good profile of "the decision maker." But it can be said that, in addition to being empathic and disciplined, those charged with major decisions regarding case intervention (team leaders) must have the capacity to define options in clear and precise terms and move themselves and others to the point of making a choice in the face of substantial risk. The inability of child welfare workers to act in this way has been cited as a reason many children flounder in limbo for interminable periods.[93]

The decision maker does not have to have a special flair for direct intervention with client family members, since this function can be allocated to different persons in the team. Likewise, the resource mobilization specialist may have little direct contact with the client. For this task, a knowledge of community resources and a high degree of assertiveness are indicated. The resource mobilizer might be a volunteer, a worker drawn from clerical personnel or a low income person trained for the position.

The proposed model suggests that qualities associated with group-level intervention and work in the open community are particularly useful for direct interventive activity. What is suggested is a combination of professional interveners trained to carry out a range of tasks in a community context, together with certain kinds of indigenous paraprofessionals. We can infer a set of qualities desirable for paraprofessionals. They should be outgoing, warm and spontaneous. Since one of their functions is role modeling, they should have had some success in coping with their personal problems. To provide a bridge to the clientele and its social network, they should have a positive orientation toward these target systems.[94]

The writer has made a distinction elsewhere between two sets of paraprofessional roles--the technician and the helper.[95] The technician is essentially an extension of the regular personnel force within the organization (e.g., resource specialist or clerical worker). The helper moves out into the community and is involved directly with clients. It is in the latter role that the indigenous community resident has a special contribution to make.

Kramer has identified three types of indigenous paraprofessional workers: hometowners, strivers and activists.[96] The hometowners are older persons, mainly women, oriented to providing direct services to individuals and families. Strivers are upwardly mobile and likely to live outside of the target community. Activists are the youngest of the three groups. They are highly invested in the target community, but are impatient with direct services and least sympathetic to the agency. Kramer acknowledged that there are many mixed types.[97] The qualities most relevant to the community role proposed here would be a combination of those of the hometowner and the activist.

Recruitment and selection of professional staff are two-way processes. Although the job market is tight, we still must be concerned about the factors involved in career choice. Occupational mobility and its counterpart, turnover, are costly in terms of service continuity and training investment, so potential career satisfaction is important.

Persons attracted to human service work tend to be female, of urban origin, lower middle to middle class, upwardly mobile, strongly interested in social service and social interaction. They have been found on the average to be of less than highest intellectual and academic ability. Typically the recruit to human service work has considered or tried a different field first.[98]

The rate of turnover in social welfare is about double the normally "acceptable" 10% to 15% per year. Loss of personnel is costly; the cost of training a new worker was estimated at $5000 a number of years ago. Children are highly vulnerable to disruptions of service caused by staff losses.[99] Especially serious is the fact that the workers of highest intellectual capacity are among those more likely to leave.[100]

A study of worker mobility in child welfare agencies in New York City found the greatest mobility among whites, young workers, those in voluntary agencies and those who had the least stated commitment to the field.[101] This study found an apparent relationship between workers' perception of client hostility and their tendency to leave the field--all the more interesting because it was not acknowledged as a reason for leaving. The further a worker had moved away from the original child welfare position, the more likely the worker was to view clients as "hostile, withdrawn, unable to acknowledge their problems, not wanting to be helped." But not a single respondent gave client attitudes as a reason for leaving.[102]

In a field not noted for high material or prestige rewards, the feeling of being rejected by clients may constitute a decisive loss of job satisfaction. Although the use of professionals and indigenous paraprofessionals in teams has been recommended for other reasons, this approach might also help staff morale and retention of professional staff in a significant way by providing a bridge and a buffer between workers and a clientele they feel alienated from.

By and large, indigenous paraprofessionals are upwardly mobile, and an opportunity for career advancement is important to their recruitment and, particularly, their retention.[103] Notwithstanding Kramer's reminder that such ambitions are not uniform among indigenous personnel,[104] it is clear that an effective work force cannot be created on the basis of deadend jobs.

Barriers to the Flow of Personnel

In recent years a growing factor in the human services has been the organization of the work force around common interests. Movements to obtain professional licensure and unionize workers have made substantial headway.[105] These developments may enhance the quality of work by limiting entry into the work force to qualified persons, by protecting workers from arbitrary administrative decisions, and by supporting staff morale and a sense of job security. They may also prevent the expansion or contraction of the work force or exclude needed persons lacking certain credentials. Overall they tend to maintain existing patterns of work and existing personnel.[106] A third element, civil service regulations, has essentially the same effects.

Currently there is a major drive by professional social workers to obtain passage of state licensing laws. As of December 1975 there were social work licensing laws in 10 states and Puerto Rico and registration laws in eight other states. Bills have been introduced in the legislatures of a majority of other states.[107]

Since licensing laws control the right to practice as well as to use a title, the definition of practice in licensing laws becomes crucial; these laws can determine what activities can be engaged in by nonlicensed workers. Since licensing laws also carry requirements for professional education, the implications for the use of indigenous paraprofessionals are obvious.

The definitions of practice in social work licensing laws are general and vague, with more attention paid to specifying levels of educational attainment than activities engaged in.[108]

Such definitions can be interpreted so broadly as to exclude indigenous workers from many activities for which they seem especially suited. Although opportunities for educational advancement and career ladders are desirable for paraprofessionals, restricting the work force to persons with academic credentials could deprive the child welfare system of key personnel resources. Proponents of this kind of legislation assert that the language does not preclude use of paraprofessionals. But in a tight job market, the temptation will be to use such laws in precisely this way.

Civil service regulations, like professional licensing provisions, are presented in terms of protecting standards of excellence and thus the interests of the consuming public. They have sometimes served to protect citizens against flagrant patronage. But they also serve the self-interest of those already in the system and restrict entry of uncredentialed personnel resources that may offer an important contribution.

The answer is not to oppose all licensing and civil service laws, but to strive for policies that assure a service system really responsive to the needs of clientele. A specific step to enhance the responsiveness of both professional licensing systems and civil service systems is the meaningful involvement of the client populations in the formulation, review and administration of these systems.

Unlike professional communities, unions have traditionally had great flexibility to relate their demands to bread-and-butter issues, keyed to levels of company profits. But human service unions, like professional bodies, base their claims on public interest and quality of services.[109] The constituency of workers tries to convince policy makers and taxpayers of the social value of the services.

But, given the nebulous nature of "need" and the lack of tangible evidence of success, professional bodies and unions alike have difficulty making their case. As a result, the dialogue between workers and management is cast in moral terms, even though major material interests are at stake on both sides. Matters of self-interest become generalized into matters of principle, making it especially difficult to introduce changes in personnel and practices.

Unions are less likely to shut off the advancement of paraprofessionals than are professional bodies, because, unlike the latter, they can view uncredentialed new personnel as potential members. But Gartner's prediction that indigenous paraprofessionals will be accepted and that the career ladder concept in higher education is here to stay must be reassessed in the light of sharp reductions in support of educational programs and the social climate generally.[110]

This is not to deny that workers in the human services have a right to organize in their own interest. They should not have to bear the burdens of a niggardly society.[111] What is required is great imaginativeness in responding to their concerns while creating new opportunities for indigenous paraprofessionals.

Reading the Future

The most interesting question--What will be the supply of and demand for child welfare personnel in the future?--is also the least answerable. Since past patterns of demand have followed neither child population trends nor incidence of court cases, these are of little use in making projections.

Projections for the number of children under 5 years of age by 1980 range from 16.8 million to 23.4 million.[112] So this age group could be 400,000 smaller or 6.2 million larger than it was in 1970. The estimates for 1985 are between 26.6 million and 30.3 million.[113] Thus an increase in young children is anticipated in the next decade, a function of the increased numbers of women entering the child-bearing age group. Yet the declining fertility rate makes it hard to predict the size of child population.[114]

Our analysis of trends in child welfare suggests that projected number of children is a poor predictor of child welfare personnel demand because of the great elasticity of this demand. Rather, expansions or contradictions in child welfare funding and services, resulting from policy shifts at the national level, are expected to be the major determinant of the number of children entering the system. The potential recruits to the system will remain high, because of the large number of persons seeking careers. So money may well be the controlling factor.

Aside from the general political climate, the availability of funds will depend on how well the child welfare field convinces the policy makers and the public that it has something worth funding.

EDUCATIONAL ISSUES

The low income family has been described as an adaptive system most strongly influenced by the milieu in which it pursues its goals and on which it depends for survival. The same can be said of child welfare staff. They, too, constitute an adaptive system most strongly influenced by its working environment, on which the members are dependent for (career) survival. And educational programs that ignore this are doomed to failure. Empirical research on social workers' orientation and behavior confirms this view.[115]

So a major factor in the development of desired performance by child welfare staff is the work environment itself. The effects of a team model of work organization were discussed previously. But this is not to say that educational programs, inside and outside of the service delivery system, are unimportant. Graduate schools of social work, as the major means of formal professional socialization of child welfare workers, have had a profound impact on the field. This is so, even though the majority of child welfare personnel have not had this educational experience.[116]

Professional Education in Social Work

Nearly as strong as the belief that social work education is necessary for professional child welfare work is the belief that full professional education requires a master of social work degree.

This belief continues in the face of repeated studies finding no significant differences in the performance of workers with the M.S.W. and those without, when they are in similar positions.[117]

The progressive development of undergraduate social work education and, in 1970, the designation of the bachelor of social Work as the first professional degree have complicated the picture. In a reversal of the usual tendency to raise entry-level standards for professions, social work thus broadened its definition of "professional." But the claim to exclusive control over a sector of knowledge is even weaker. Many associate of arts programs, not under the control of the Council on Social Work Education, have content that overlaps substantially with that of bachelor's degree and even, to some extent, master's degree programs.[118]

There has been a tendency to define levels of competence by academic credentials whose intrinsic meaning is unclear. This lack of exclusive jurisdiction over a sector of knowledge and expertise has been impeding social work's efforts to establish exclusive jurisdiction over a sector of work, via licensing. Another factor is that control by professionals has not been an urgent issue in the social welfare field because of bureaucratic control over practices in an employee profession.[119] Of late the lack of clarity about the distinctions between educational levels has become a more pressing issue, as undergraduate social work educators have challenged the dominant position of the master of social work degree.[120]

A school of social work can be viewed as a social system that is affected primarily by two other systems: the organized social services and the university. Traditionally, the influence of the academic setting was more one of form than content. There were graduate degrees and graduate theses, but these usually bore little resemblance to the kind of work that went on in other departments of the university.[121] The overriding influence in the content of social work education was the social service system itself. Most of the student's time was spent in the field practicum--working in an agency, according to agency practice norms, under an agency-employed supervisor. Practice courses, taught by faculty members whose major experience had been in social agencies and not in higher academic work, drew heavily from case material from the same agencies.[122]

A new force in social work education in the last decade has been the federal government, which has provided funds for students and for faculty resources. This made social work schools less directly dependent on social agencies and their staff for teaching. Simultaneously, the rapid development of doctoral education--also supported by federal funds--brought social and behavioral science content directly into social work schools. These new developments undermined the traditional relationships between social work practice and education. During the 1960s, these changes became complicated by urban unrest, student restiveness and a general leftward movement politically.[123]

Though these two movements--the academic infusion and the political upheaval--occurred simultaneously and were mutually reinforcing at points, they are distinct. More recently, the conflicts between academic standards and affirmative action have sharpened the differences.[124]

The academic revolution in social work education has the potential of serving the interests of the system that historically has dominated social work education content: the social services. Especially when accountability and scientific evaluation of services are paramount, disciplines that can hold out the hope of solid empirical proof are much in demand. Sociobehavioral interventions, discussed previously, likewise may have particular appeal to agencies pressed to demonstrate tangible results.

Currently there is much concern in the field regarding the relevance of social work education to practice.[125] Obviously, if social work schools fail to provide their graduates with the tools of the trade, they have little reason to exist. But at least some of the concern appears to be a wish to reassert the emphasis on traditional practice principles, particularly in clinical practice. As the child welfare field assesses this issue, it must be clear as to the kinds of expertise needed. This paper has sketched out tasks that can more effectively accomplish the child welfare mission. The specific qualities associated with each set of tasks and educational implications are discussed further on in this section.

Finally, in relation to professional education, it should be noted that a community of scholars is also a community of interests. The professional education system, like other systems, generates its own vital concerns. At points these may run counter to the specific needs and concerns of the child welfare field. The implication is not that the field should seek to control the educational system for its own needs. That could only encourage the kind of ingrown mentality that has limited social work practice in the past. The great advantage of a university-based professional education system is the infusion of ideas and knowledge from a wide range of fields.

The child welfare field has to be clear about its needs and articulate these to the professional education system, rather than simply accept or reject out of hand the insights in the educational arena. The interaction of the service community and the academic community is necessary to the vitality of both.

Alternative Forms of Education

University-based professional education is expensive, in terms of both human and financial resources. It is also less appropriate for some aspects of child welfare work than others. Inservice training is one alternative. It is essential to perceive the training dimension in all experiences in the work setting and capitalize on these; yet there is also need for formally planned socializing experiences in connection with the work place.

The formal inservice training program is an extension of a continuing process. Recognition of this may help avoid the past tendency to treat inservice training as watered-down-professional education. In particular, training in the work place must be focused on everyday concerns of the service delivery process. The most obvious reason for this is to make the outcomes of such training work-relevant.[126] Another reason is to motivate the learner. Training content that is remote from immediate work concerns tends to lose the interest of personnel.[127]

It is clear that the team is a major mechanism for inservice training. But the team of specialists lends itself to another kind of inservice training--a special program geared to workers with a common specialty. This may take place within the work site, if an agency is large enough, or in a special learning center.

The child welfare field must develop a system of personnel training that has maximum versatility. In addition to university-based education and inservice training, special learning centers and institutes can enhance specific skills. They have advantages neither the school of social work nor the agency itself can offer. The content can be geared specifically to performance needs without concern for academic norms, and the learning process is free of day-to-day pressures of the work situation. Such centers also can bring together workers from different agency environments but with common role-related problems, thus combining the enrichment of diversity with a common focus.

Decision-Making Skills

There are many different kinds of decision making in child welfare, but responsibilities are concentrated in certain roles. One is that of the team leader, who has major responsibility for decisions in specific case situations. Another is the administrator, who has overall service integration functions.

The decision maker must be able to assess problems and move to a plan of action in response. Although different kinds of

26[illegible]

substantive information are used by a team leader and an administrator, their decision processes are similar. The decision maker needs a framework of analysis sufficiently broad to encompass all relevant factors in a situation, sufficiently flexible to deal creatively with unanticipated and unprecedented situations, yet sufficiently precise to yield meaningful answers to questions.

In addition, decision makers must develop skill in the decision process, including the art of achieving group decision and of enabling others to make decisions. This sort of competence can probably best be taught through a combination of academic and field experiences. The academic aspects should draw upon the knowledge and research tools of science. Since, particularly in the practicum aspects, the decision process should be studied in the context of application, social work education should be an appropriate locus for this kind of training.

Resource Mobilization Skills

Effective performance as a resource mobilizer may draw upon abstract principles of practice in relation to the advocacy function. But in large part this set of skills should be learnable in the work situation. Different persons may share in this responsibility, each assuming those aspects most closely related to his/her experience and knowledge of community resources. In this case, group training that stresses sharing of knowledge is indicated.

Direct Intervention Skills[128]

A primary resource for this function is the indigenous paraprofessional, but professional staff members will also be involved, especially where serious emotional disturbance is a factor. For example, a team leader may aid other members in their tasks and also work directly in complex situations.

In terms of professional skills--that is, application of abstract principles to specific situations--it has been suggested that group interventive techniques be emphasized, although not to the exclusion of individual-to-individual modalities. As with the decision maker, the framework within which one assesses a situation and responds to it is crucial.

A major challenge for the professional involved in direct intervention is establishing an effective relationship with clientele, especially when the latter are from a different socioeconomic and cultural background. Here is where the team, with indigenous staff, can be especially helpful, since it allows maximum flexibility in staff-client relationships.

Although social work education in a university setting can help workers develop professional interventive skills of this sort, the formal training must be reinforced and further developed in the work setting itself. This can be done either in the team itself or in special inservice training programs.

In developing work competence in the indigenous paraprofessional involved in direct intervention, a major concern is overtraining. The greatest assets of indigenous workers are those qualities that come out of their life experiences. Much of the "training" of such workers will take place informally, through interaction with other team members. Team leaders must be especially mindful of the inadvertent teaching that goes on. There should be mutual teaching by professional and paraprofessional, but the distinctive contributions of each should be preserved.

In view of the differential rewards accorded professionals and nonprofessionals--especially as the latter are associated with stigmatized segments of the population--there is a strong pull toward professional identification. The wish to advance is a healthy wish, and paraprofessionals should not be trapped in dead-end jobs. Recognizing these factors, one must preserve and reward the indigenous worker's special linkage with the community.

Child Care Skills

Volumes have been written on child care, and it would be presumptuous to attempt to discuss these skills in depth here. Rather, the implications of child caring roles for educational policies are the focus of this discussion. As has been indicated, it is important to avoid overtraining parent surrogates, especially those functioning in a natural home setting. Professionalization involves a degree of scientific detachment and emotional constraint inappropriate for parenting. Training experiences should build upon the natural assets that foster parents and other child care personnel bring to the situation.

What has been said regarding the education of other paraprofessional staff applies to child care workers in institutions. In addition, they may need special knowledge and skills regarding specific problems characteristic of a given setting and the children served by it.

Work Integration Skills

The need of administrators for skill in decision making was discussed earlier. Beyond this, administrators need special competence in mobilizing the work force toward common objectives.

Traditionally, the skills of administration were acquired in the process of carrying on direct-service and supervisory activities. The same clinical orientation that guided one's work with clients tended to be carried over into other work relationships as well.[129] But this can be dysfunctional to effective performance of administrative functions.

In recent years social work schools have become increasingly involved in the teaching of administration as a special area of practice.[130] In view of the increasing responsibilities of administrators in child welfare and other fields, this addition to the social work curriculum can fill an important need for the field. One major issue presents itself in this regard. Should administration be taught as a generic set of principles, unrelated to professional field or setting? Can a single program train hospital administrators, social agency administrators and business administrators together? The consensus in social work education seems to be that one program cannot, and that social welfare should prepare its own administrators.

But then one is faced with a related question: Can administrators of child welfare services, health agencies, institutions for delinquents and nursing homes all be trained in a single mold? Or should child welfare administrators have a special course of study? The question, obviously, is broader than this. Should child welfare personnel have a special program designed for their field of practice? The basic issue is one of core knowledge versus special knowledge in professional education.

Educational Core and Specialties

In assessing educational needs, the writer began by looking at the specific tasks in child welfare and considering what kinds of competence are needed for each. Is there a basic set of qualities that all child welfare personnel should possess? To answer this question, it is necessary to distinguish among three basic qualities: value orientations, substantive knowledge, and skill. Which are common among all workers and which are common only to some?

Direct inculcation of values can be effective in making clear to the individual what the basic stance of a field is. But this must be reinforced continually by the work environment in which the person is operating. All levels of the organization, from the top administrator on down, must make their expectations of one another clear. Presumably, then, value content would be part of a common core for all learners, whether in professional education or inservice training. The more basic point is that the values must permeate the work environment and relations within it.

Substantive knowledge about human and social processes, about the program and about community resources will vary depending on the person's role. One advantage of the team is that all workers do not need the same substantive information. However, two types of knowledge should be shared by all team members. One is an understanding of the program, its purposes and its social context. The other is a general understanding of human behavior and social processes. Much of this understanding may come to team members in the process of interaction, case conferences and the like. Practice skills will vary most from worker to worker. Clearly, these skills must be specialized, and require specialized training for maximum competence.

Training the Trainers

Graduate social work educators, having acknowledged the legitimacy of professional preparation for direct service delivery below the master of social work level, have expanded the curriculum, the skills of the trainer and other staff-development roles. Although professional education programs are appropriate for such preparation, the child welfare field may have special needs beyond these basic programs. It may have to develop special programs either in special centers or on a contract basis with universities.

To learn about a process by being exposed to that process is an effective means of learning. The major implication of this for training the training personnel is that those charged with socializing other staff should be placed in a learning situation analogous to that which they will create for others. The training of trainers should therefore make maximum use of informal as well as formal learning and mutual enrichment among peers.

Finally, there are diverse competencies, not all of which have to be possessed by all workers. It is not necessary for a single training specialist to provide the full range of learning content needed. It may be more accurate to think of a training coordinator, who manages a process involving many teachers (including indigenous paraprofessionals) in a variety of teaching contexts.

POLICY IMPLICATIONS

Utilization of Personnel

Consistent with a large body of research findings, the child welfare field must bring about a major shift from removal of children from their own homes and to provision of services to families in their natural environments. This calls for different personnel qualities and skills, based on a different set of assumptions regarding child and family functioning. Policies, standards and allocation of financial resources in child welfare should be directed toward a major shift in emphasis from individual rehabilitation to enhancement of natural environmental supports and effective group interaction.

The importance of the indigenous paraprofessional worker must be recognized and a great expansion of this type of personnel for direct interventive activity should be encouraged. The team model, although not a panacea, has great potential, especially for supporting the kind of intervention proposed, and should be encouraged.

Logistics

To attract more personnel of better quality into the child welfare field, the child welfare enterprise must learn much more about factors that attract people to child welfare work or move them to leave it. Money appears to be a key factor, both in making positions sufficiently remunerative and in providing desirable working environments. Of particular concern should be irrelevant credentialing requirements that are barriers to the use of indigenous paraprofessionals and others from outside the professional pale. The primary issue, of course, is provision of services that are relevant and competent in relation to their purpose, that is, protection of the interests of the recipients of service, not the career aspirations of persons wishing to do child welfare work. For example, if it can be demonstrated that indigenous workers are not equipped to provide certain essential functions, they should not be used to provide them. But the key word is *demonstrated*.

It is not possible to project in any meaningful way the future personnel needs of the child welfare field. Because of the elasticity of demand, and the impact of supply on demand, changes in policy and funding decisions will have a far greater effect on the demand for personnel than external factors such as the size of the child population.

Education and Training

The child welfare field, through policies, standards and financial resource allocation, should encourage a wide diversity of educational resources to meet the varied personnel needs described. While seeking to maximize the direct applicability of education for its purposes, the child welfare field should prize the infusion of new ideas made possible by university-based professional education that avoids the ingrown quality of a service-dominated system, and for the same reason should look to alternative means of personnel development.

Research

The foregoing recommendations have necessarily been stated in definitive terms, as if enough were known about personnel needs in child welfare. That obviously is not so, and major resources must go to continued study of personnel utilization and the state of the art generally. It is important that questions be posed and measurements devised in the most precise language possible, lest research findings suffer from the unclarity that has plagued the field in the past.

Financial Resources

Throughout this paper the focus has been on personnel priorities and goals, with little reference to the resources needed to carry out any program. It was said at the outset that, in effect, human services are personnel, child welfare no less than the rest. A major theme has been the need to rethink the prevailing norms of personnel utilization, especially as they concern educational credentials. The reader should not interpret this theme to mean that less is better, or that we can get more effective child welfare services on the cheap. First of all, full implementation of the proposed model of personnel utilization would require more professional expertise, not less. Especially as one enlists natural support systems and workers who are indigenous to the client community, there will have to be a great deal of support from professional staff.

But more important than sheer numbers is the quality of professional personnel needed. The kind of support envisioned here would require a vast retooling of professional education for child welfare work. New skills and new knowledge, as well as a new outlook, are essential if there is to be a successful transition to the new model. And that will take money.

When human service funding is cut back, there is a tendency to cut education and training budgets first. And indeed it is hard to argue for allocating more funds to education while caseloads go uncovered in the operating agencies. But we have seen that staff vacancies and uncovered caseloads are a result of many factors and not a simple and direct effect of changes in available funds. To strip educational programs of their financial support and shift these funds to agency operations would not necessarily result in better coverage of the caseload; it might coincide with a bigger gap between supply and demand, as occurred in the 1960s.

The lesson to be drawn from all this, in a period of reduced resources for human services, is not that child welfare services and education should be relegated to a low priority, but that more thought should be given to how available resources are used. We are being asked by the society to account for the effectiveness of the child welfare field. This accounting takes on special urgency because of the financial squeeze. The current policies and practices with respect to personnel utilization and education need thorough reexamination if the child welfare field is to meet this test.

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ADOLESCENT STATUS OFFENDERS--A NATIONAL PROBLEM

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I. INTRODUCTION AND HISTORICAL CONTEXT

The Juvenile Justice and Delinquency Prevention Act of 1974 (P.L. 93-415) brought to the surface a problem that has festered within American society since the landing of the Pilgrims, namely, the definition as criminals of "children who were rude, stubborn and unruly, or who behaved disobediently toward their parents, masters and governors" (Rothman, 1971 and 1974). "Houses of refuge" were established in the 19th century, beginning in 1824 in New York, as institutions for children, but no distinctions were made among those who could be incarcerated for dependency, neglect or crimes, or for "leading a vicious and vagrant life." Incarceration and isolation were considered acceptable means for controlling youthful misbehavior and even neglect or dependency. The houses of refuge

> . . . took in several types of minors--the juvenile offender, convicted by a court for a petty crime; the wandering street arab, picked up by a town constable; and the willfully disobedient child, turned over by distraught parents (Rothman, 1971, pp. 207-208).

Rothman reported that although the houses of refuge and orphan asylums never monopolized the care of homeless or delinquent children, they did become the model for children's institutions, because society gradually concluded that children should be handled separately from adults and that institutionalization was generally beneficial for children. Seldom, if ever, did this separate handling result in greater humaneness or differentiated services in relationship to children's needs.

The founders of the houses of refuge believed that children should be diligently trained in a strict environment so as to prevent moral decline. Soon training and rehabilitation were used to reform children

> to enlighten their [inmates'] minds, and aid them in forming virtuous habits, that they may finally go forth, clothed as in invincible armour. They would gird the young to withstand temptation (Rothman, 1971, p. 212).

The establishment of the Juvenile Court in 1899 provided a legal mechanism for broad control over youths. The court was to be a humanitarian institution dedicated to helping children. This outlook for the court was aptly expressed by the Chicago Bar Association:

> The whole trend and spirit of the [1899 Illinois juvenile court] act is that the state, acting through the Juvenile Court, exercises that tender solicitude and care over its neglected, dependent wards that a wise and loving parent would exercise with reference to his own children under similar circumstances (Platt, 1970, p.138).

On the basis of the concept *parens patriae*, the juvenile court was authorized to intervene wherever a juvenile's behavior was problematic for the child, his or her family, or the society. Thus behavior such as truancy, curfew violation, unruliness, incorrigibility or even "idling one's time away" were as sufficient a basis for a juvenile court to adjudicate a youth as delinquent as was commission of a felony or misdemeanor. For 75 years youths have been so processed, with high proportions of status offenders in some courts and few or none in others. Particularly vulnerable to these adjudications were females; as recently as 1971, the proportion of female juveniles in public training schools in the United States was 70% (USNCJISS, 1974).

Who Are Status Offenders?

A status offender is commonly defined as a minor who engages in conduct that would not result in a criminal charge if committed by an adult. Typical examples are "truancy," "promiscuity," "curfew violation,""running away," "using profanity," "growing up in idleness," and "incorrigibility." These examples make clear that status offenses refer both to specific behaviors and to general character or personality characteristics. Some are catchalls for a youth's alleged pattern of stubbornness or rebelliousness. Although status offenders present no imminent threat to society, their conduct impairs their development, it is said; therefore, the state should intervene to constrain negative development.

Although adequate empirical evidence is not available, some information suggests that the proportion of status offenders processed and adjudicated as such by the juvenile court has risen substantially in the last decade (Sarri, 1974; Lerman, 1970). Explanation of this must remain tentative, but there is reason to believe that youths in the United States are being subjected to increasing societal control (Haney and Zimbardo, 1975). Some high schools have become almost as custodial as training schools for delinquent youths, as Haney and Zimbardo point out in their comparative study of high schools and institutions for delinquents.

Adolescence is well recognized as a time for experimentation with life styles, philosophies, modes of behavior, and challenges to the status quo by testing the agents of authority--schools, police and parents (Erikson, 1967; Keniston, 1968; Constanzo and

Shaw, 1966; Schonfeld, 1967; Jencks and Reisman, 1967). Today, instead of encouraging and tolerating experimentation that may produce more productive and capable adults, youths are subjected to rigid authority in many community settings; furthermore, in crowded urban communities high levels of conformity to adult behavior are required. Thus, an almost perfect set for frustration and hostility is created.[1]

Although some have suggested that contemporary life styles of youth differ too radically from those of adults, students of history can point to numerous instances in the past where similar differences in perspective prevailed. Perhaps one area of significant difference today is that youthful expression is less tolerated because youth are not an economic resource for the society as they once were. As a result they are expected to be docile and conforming.

Moreover, society does not provide legitimate opportunities for adolescent and young adults; the highest rates of unemployment are to be found in this age group (Keyserling, 1974). It is not surprising that youths respond with hostility and/or alienation. In turn, the adult society responds with even greater control--a self-defeating strategy. In recent statements two noted psychologists, Keniston (1976) and Heyns (1976), argued that a new conceptualization of adolescence is urgently needed in the United States.

In 1974 the Juvenile Justice and Delinquency Prevention Act was passed, the first national legislation modifying policies and practices governing the handling of status offenders. It contained a provision requiring that any state receiving federal money under the act not commingle youths charged with felonies and misdemeanors and those charged with status offense, in any type of facility from pretrial detention through disposition. Implementation of this provision took effect in 1977, and already it has led to a flurry of legislative activity in many states to bring their juvenile codes into conformity with the federal requirements. It is apparent throughout the country that child welfare agencies must assume greater responsibility for these youths than they have in the recent past. As the policy statement of the National Council on Crime and Delinquency declares:

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[1] At a convention of secondary school principals in Washington, D.C., in February 1976, President Ford told the educators to educate children to admire the nation's strengths, to correct its faults, "and to participate effectively as citizens. . . . Young people in particular appear cynical and alienated from our government and legal system. . . . Too many Americans see the law as a threat rather than a protection." The operation of the juvenile justice system today does little to modify the juvenile's alienation or views.

> We believe that the juvenile court system can utilize its coercive powers fairly and efficiently against criminal behavior that threatens the safety of the community. The court, however, cannot deliver or regulate rehabilitative services. Noncoercive community services must bear the responsibility for the unacceptable but noncriminal behavior of children. Use of family counseling and youth service bureaus and increasing educational and employment opportunities would be more beneficial than depending on juvenile courts. . . .
>
> We believe that, however sincere the effort of the juvenile court to correct a juvenile's noncriminal behavior, it has frequently resulted in a misapplication of the court's power, has sometimes done more harm than good, and, as said in Kent, generally gives him "the worst of both worlds . . . neither the protections accorded to adults nor the solicitous care and regenerative treatment postulated for children." Whether we label children status offenders or delinquents, once introduced into the juvenile court process they become stigmatized. The benefits derived from such classification for either the child or society appear to be nonexistent (NCCD, 1974).

The terms used in state laws to refer to these youths--CINS (child in need of supervision), MINS, PINS, and so forth--indicate that the states view them as persons who need assistance, guidance and other types of service.

The failure to distinguish between status offenses and violations of penal laws by minors has resulted in jammed pretrial detention centers, inadequate and perfunctory court processing, and oversized correctional facilities crowded with status offenders and serious delinquents (including murderers) together. Thus, immeasurable damage is inflicted upon youth at forbidding cost to society at large.

This indiscriminate handling of status offenders not only offends our sense of justice, but invites serious questioning of its efficacy. In short, an institution designed to protect the most vulnerable population--the nation's youths--has turned into a formal procedure in which "the child is least helped and most abused" (Orlando, 1975). For these reasons it is argued that the handling of status offenders should be removed from the juvenile justice system and be entrusted to child welfare organizations, public schools, and private voluntary youth-serving organizations. The role of the juvenile court should be to monitor these agencies and ensure that they provide the services needed by these youth under conditions whereby they can take advantage of them.

What is at issue today is how and by whom that service will be provided; the conditions under which the service will be offered and accepted (voluntary or involuntary); and under which agency auspices the services needed by juveniles and their families can be most effectively provided. Review of a statement of child welfare purpose and program goals of the Department of Health, Education, and Welfare indicates that children now classified as status offenders come under the mandates because of characteristics of the individual juvenile, the family or the environing community. This statement also indicates that there is to be a "comprehensive, developmentally oriented service system at the local, state and federal levels to meet the needs of children and families." In the case of adolescent and preadolescent youths characterized as status offenders, the situation is wholly haphazard, with incredible variation within and between states and with no federal oversight of comprehensiveness or equity. Thus, it is most appropriate that a reexamination of current practice be undertaken for the purpose of formulating specific policies and programs to make essential services available to these youths and their families.

II. CONCEPTUAL FRAMEWORK AND ASSUMPTIONS

The phenomena at issue here--behaviors or conditions considered problematic because of the status of being a child--are such that a clearcut conceptual framework is difficult to develop. Therefore, this paper delineates several critical contemporary assumptions or themes.

1. Societal responsibility for identification and control of status behavior should rest with the child welfare system, the family and with youths themselves

In no other area of human services has the contrast between aspiration and reality been so disparate as in the field of juvenile justice, where youths guilty of no law violation are often processed as criminals and then incarcerated with more stringent sanctions than are youths who have violated the law (Lerman, 1970, 1975; Sarri, 1974). The philosophy of parens patriae has espoused ideals of rehabilitation, but seldom have rehabilitative programs been successfully implemented.

The seriousness of the traditional consequences of intervention by the juvenile justice system is not at issue here. What is of concern is the societal practice whereby the typical status offense has been grossly overdramatized (Allen, 1964; Kadish, 1968; NCCD, 1974). For example, runaways are characterized as seriously disturbed, problematic youth when in fact two-thirds are over the age of 15, stay away no more than 2 days and spend the time with a relative or family friend less than 10 miles from their home (Brennan, 1975; Gold and Reimer, 1975). This exaggeration is a serious matter, because the vast majority of all youths report that they have engaged in behaviors that could lead to status classification, but only a small minority are caught and processed (Gold, 1970).

Because the consequences are disproportionate to the offenses and are largely based on ascribed characteristics and chance elements, jurisdiction over status offenses belongs in the child welfare sector and not in the juvenile court (Thornberry, 1974). During the period 1960 to 1975 the United States witnessed a rapid increase in the processing of status offenders through the juvenile courts and into the full spectrum of juvenile justice agencies. There is some reason to believe that the reduction of federal expenditures in both child welfare and elementary and secondary education in the last decade, accompanied by increases in federal criminal justice expenditures, has contributed substantially to the increase in the number of juveniles being processed by the juvenile court (Sarri and Vinter, 1974). It is difficult to justify a policy whereby a juvenile who needs an alternative school program or assistance because of family conflict can be served only after a stigmatizing court process.

2. Juvenile courts are now overburdened by the number of youths referred for processing and are overwhelmed by the shortcomings of the society.

The character of services to youth is critically shaped by the local community. Opportunities, resources and services there define basic life conditions for children and generate the main notions of deviant behavior. Community tolerance for youth behavior affects the rate and volume of cases presented for formal handling, but the responsiveness of community institutions determines whether a youth will be harshly sanctioned or offered help toward satisfying and conventional social life. Even under optimum conditions, there are few comprehensive and concerted efforts today to aid youth outside the juvenile justice system.

In contrast to the United States, many European countries, such as England, Scotland, Sweden and the Netherlands, have developed mechanisms for comprehensive planning and provision of youth services outside the justice systems (Fox, 1974).

As the community and its other institutions fail to cope with the problems of youth, the police and the courts are pressed into processing a wide array and increasing volume of these problems. Inundation of the local justice system's capabilities has been fostered by the nation's inability to devise constructive solutions to the social problems that impact youth, particularly in education and employment. Having no better alternative, we process youths "with problems" into the justice system. We refuse to acknowledge that morality cannot be enforced by negative sanctions, or to face the serious implications of the increasingly disproportionate number of poor and minority-group persons absorbed into this system. Moreover, in the case of status offenses, we process youths rather than their parents, when the latter are often at least as culpable as the child.

The police and the court are essentially coercive social institutions, but in many states they are increasingly being pressed to provide the gamut of critical child welfare services. In contrast, in the case of adults and of mentally ill persons, police and court power is being restricted (Donaldson v. Connor, 439 F.2d 507 [1974]; Miranda v. Arizona, 384 U.S. 436 [1966]).[2] Society is demanding that police and courts concentrate their efforts on those who commit serious misdemeanors and felonies and thereby endanger public safety.

3. Countervailing strategies and developments provide a basis for improvement in socialization and social control of youths.

The "in" concepts in social welfare and criminal justice programming are decriminalization, diversion, deinstitutionalization and deterrence. At all levels of society there are increasing efforts to decriminalize a variety of behaviors, including use of drugs, sexual relations among consenting persons, gambling, and status offenses of juveniles. In addition there are efforts to divert large numbers of persons from full criminal justice processing to voluntary community agencies. Deinstitutionalization has been linked to diversion policy, but goes beyond it in terms of the consequences for community-based placement of most categories of persons formerly placed in institutions. In the case of adjudicated juvenile delinquents, the number of youths in public institutions for delinquents in the United States dropped from 46,410 to 28,001 between 1966 and 1974 (Vinter, 1975; Pappenfort, 1970).

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[2] The Supreme Court in Donaldson v. Connor, 439 F.2d 507 (1974), sharply limited the conditions under which mental patients could be involuntarily held in hospitals.

Deterrence is receiving renewed attention because research is consistently revealing that legal processing and sanctions in relation to status offenses not only do not deter criminal behavior, but in fact have almost opposite results. The earlier a youth is processed and the more stringent the sanction, the more likely it is that the youth will subsequently be reported or processed for more serious criminal law violations. The finding suggests parsimony with respect to judicial intervention.

Increasing concern about the high costs of state intervention and care has resulted in mounting skepticism about its continuance, given the negative or dubious outcomes. But broad-based political pressures toward the development of positive programs for youth are still lacking.

4. There is a growing recognition that youths are entitled to basic human rights independent of the authority of parents or other adults.

Less than 200 years ago children were considered essentially as chattel of their parents or guardians. Under the law they were treated similarly to servants. Children were required to be wholly subservient to the demands and expectations of their elders.

Emancipation for children came slowly in the 20th century, and was first recognized with respect to parents or guardians. Parents or guardians were vested with responsibility for the financial support, health, education and shelter of their children, and for instilling in them a sense of morality and discipline. In return the parent was entitled to the child's services or earnings. Under the concept of *parens patriae* the juvenile court asserted the right of the state to intervene to serve the best interests of the child. Following the recognition of rights of various categories of adults, there is now a rapidly growing concern about the rights of children.

Statements of the Basic Rights of Children by the United Nations and the National Commission for the Mental Health of Children are but one contemporary public recognition of children as persons in their own right. Others are manifested in changing family law and child welfare statutes pertaining to child protection, abuse or neglect (Katz, 1971). The right to be emancipated and to be treated as an adult has also undergone changes with respect to age in nearly all of the states. Ratification in 1971 of the 26th Amendment, whereby 18-year-olds were recognized as adults, is an example.

Juvenile rights here refer to the extension to youths of: 1) legal and procedural rights guaranteed under the law to adults; and 2) nonlegal rights in social processes and situations that are instrumental to achievement of personal or social goals. Kittrie argues for social tolerance of the right to be different in personal and social behavior. Quasi-legal codes of dress and conduct that have been adopted by many public schools recognize youth rights and in several instances these rights have been acknowledged by the U.S. Supreme Court. (*Tinker* v. *Des Moines Independent Community School District*, 1969, 393 U.S. 503)

Issues involved in the extension of rights to juveniles are central to understanding the social context of the debate about status offenses and offenders. Forer (1972) has asserted that society urgently needs a "bill of rights for youths" to protect them from encroachment by both government and private agencies. She also stated that criminal sanctions must be limited to those acts that are criminal violations for adults. In her proposal of a court for children she identified four fundamental rights that she said are inherent in all children, and should be enforceable under law: right to liberty, right to life, right to a home, and right to an education.

5. *Substantial proportions of adolescent youths throughout the United States can be expected to experience problems in growing up in a complex, unstable and highly mobile society where the social supports for parents as well as youths are inadequate and inequitably available*.

The majority of services available to youths and their parents today are directed toward intervention after relatively serious and problematic behavior has surfaced. Youths then require "treatment" under the auspices of health, criminal justice, and social agencies. If society instead assumed that adolescent youths were a population at risk in specific areas because of characteristics of the society as well as attributes of the individuals, quite different policies and programs would be developed. For example, in the case of the health of the population we no longer wait until a disease epidemic has emerged. Instead, vaccines, sanitary water supplies, and so forth to prevent and control these diseases are developed through public health programs. A similar approach could be developed with respect to the socioemotional health of adolescent youths. For example, the United States has a high and still increasing divorce rate, with two out of five children now expected to be reared in single-parent households (Keniston, 1976). It therefore can be anticipated that a substantial proportion of these youths will need additional social supports if they are to become mature, emotionally secure, responsible adults. Public schools have long had extensive vocational counseling programs, but counseling for other problems has been grossly lacking. Moreover, schools and child welfare agencies could provide training in parenting skills for both youth and their parents.

The Forward View

The United States has been classified as a postindustrial society by Bell (1973), Wilensky (1975), and others. Problems and policies related to youth are linked to changes occurring or about to occur in the larger environment. Any policy or program initiated now should be directed toward the remainder of this century at the least. Among the significant factors are the following:

Birth rate. The United States has a rapidly declining birth rate that is expected to result in a stable population early in the 21st century. In such a situation it becomes debatable whether the present waste of human resources can continue without serious negative consequences. This situation is even more problematic given the relatively rapid increase in the aged population. Manpower resources of young adults will be needed more in the future than they are at present.

Education and the world of work. Despite the pressures for more education and greater accountability, it is problematic whether the nation's schools will be able to educate all youths effectively. Moreover, rapidly changing occupational technologies will require continuous reeducation of a substantial proportion of the population.

Socioeconomic status and welfare. The last decade has evidenced the inability of this society to narrow the gap between rich and poor. Unless social policies are developed to reduce this disparity, problems for youth are likely to increase, for many families lack resources for basic health, shelter and sustenance needs. The more the society is marginalized, the greater the need for overt social control, since those without resources have little to lose in challenging the system.

The city. The urban ghetto continues to deteriorate rapidly as a place for normative youth socialization. Real solutions lie in improved housing, transportation, health and education, not in more surveillance and arrests.

Geographical and family mobility. The United States is an extremely mobile society, with the majority of families reporting more than one geographical change while children are growing up. In addition, the trend toward increased divorced and single-parent families is likely to be problematic for children, as mentioned earlier.

Statutory and Case Law re Status Offenders

Any conceptualization of status offenders must inevitably consider the legal definitions outlined in the juvenile codes and the provisions established in both statute and case law to govern juvenile court practice vis-a-vis status offenders.

Statutory differences among the states are startling with respect to jurisdiction of the juvenile court in relation to: 1) age, 2) scope and nature of delinquent and status offense definitions, 3) offense limitations on the court's powers, 4) jurisdictional conflicts, and 5) permissible interaction with the adult system (Levin and Sarri, 1974). At present all 50 states and the District of Columbia include status offenders within the purview of the juvenile court. In 1972, 24 states and the District of Columbia had a separate category for status offenders (PINS, CINS, MINS, etc.), with eight other states having mixed categories. Of the 33 states with recent code revisions, in only 10 states is there a separate category for "unruly" children. (See Table 1.) As of 1972, in those states with separate categorization of status offenders, only 18 placed restrictions on disposition alternatives and just four states required separate detention facilities for status offenders. The last figure is particularly serious because the vast majority of states do not explicitly prohibit placement of children in adult jails. It is not surprising, therefore that so many status offenders are found in adult jails (Sarri, 1974).

Four states set a higher maximum age for original juvenile court jurisdiction for those charged with status offenses than with other offenses. Some states also have sex differences in connection with status offenses, but these are generally considered unconstitutional, given the New York Family Court decision, In re Patricia H., 31 N.Y.2d 83, 88-89, 286 N.E.2d 432, 434-35 and the U.S. Supreme Court decision in Stanton v. Stanton (421 U.S. 7 [1975]).

Fourteen states now have fairly stringent prohibitions against placement of status offenders with other delinquents in correctional facilities. Often, however, status offenders may violate probation requirements or be classified as not amenable to rehabilitation. In such cases, the youths often are declared delinquent and in no way differentiated from other delinquents. Thus, statutory provisions do not control the negative labeling and stigmatizing processes.

An illustration of these processes is provided by recent Florida legislation (Florida S.B. 165), initially heralded as a major reform. There, the new juvenile code essentially removed the status offender category known as CINS. Certain categories of

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Table 1

Classification of Youth Charged With Status Offenses, by State

States separating status offenses into special categories				States classifying status offenders as delinquents
Alaska	CINS	New Mexico	CINS	Alabama
[1]Arizona	incorrigible	New York	PINS	Arkansas
[2]California	idle, dissolute, immoral	[2]N. Carolina	undisciplined child	Connecticut
				Delaware
Colorado	CINS	N. Dakota	unruly child	Idaho
D.C.	CINS	[2]Ohio	unruly child	Indiana
Florida	CINS	[2]Oklahoma	CINS	Iowa
[1]Georgia	unruly, etc.	Rhode Island	wayward; idleness for those 16-18	Kentucky
Hawaii	beyond control			Maine
[1]Idaho	maladjustment	[1]S. Dakota	truant, runaway	Michigan
Illinois	MINS	Tennessee	unruly child	Minnesota
[1]Kansas	wayward, truant	Texas	CINS	Mississippi
Louisiana	CINS	Utah	truant, beyond control, etc.	Missouri
Maryland	CINS			New Hampshire
[3]Massachusetts	CINS	Vermont	CINS	Oregon
Montana	YINS	Washington	dependent	Pennsylvania
Nebraska	CINS	Wisconsin	CINS	South Carolina
[2]Nevada	CINS	Wyoming	CINS	Virginia
[1]New Jersey	JINS			West Virginia

MINS, CINS, JINS, & PINS: Minors, children, juveniles or persons in need of supervision. (Service, in Massachusetts).

Table 1 (continued)

[1] Some status offenses defined as delinquency, others in separate status offense category. These are states referred to as "mixed" (Levin and Sarri, 1974).

[2] Status offenders who violate court orders become delinquents.

[3] Dependent, neglected youth and status offenders removed from Massachusetts juvenile court system January 1974. Such children are now under auspices of CINS. Legislative activity currently under way to remove status offenses from the juvenile code.

status offenders (i.e., runaway, truancy and ungovernability) were placed in a dependent child category. Services to them were to be provided by the public child welfare agencies on a voluntary basis. However, a major loophole was permitted in that the law states:

> The first time a child is adjudicated as ungovernable, he may be treated as a dependent child and provisions relating to dependency shall be applicable. For the second and subsequent adjudication for ungovernability, the child may be treated and defined as delinquent.

He or she thereby becomes subject to the full panoply of juvenile correctional action, including institutionalization.

The observations of the NCCE counsel David Gilman (1976) about the Florida reform are worth noting.

> A dependency case does not require adjudication or legal disposition; it requires the intervention of community services. The juvenile court is not the proper intervening agent; it is not, and should not be expected to serve as a referral for families in need of essential community services. . . . Its intervention merely places an official seal on the family's disintegration and shame.

Due to the potentially damaging effects of labeling (Mahoney, 1974; Lemert, 1969; Sheridan, 1967; Piliavin and Briar, 1964; Schwartz and Skolnick, 1962), explicit reference to juveniles as delinquents may well start the process of criminalization by failure to distinguish between categories of juvenile deviant behavior. Moreover, only seven states have periodic review of probation and only seven others limit the time period for probation; therefore, an unruly child could be placed on probation at age 12 and remain in that status until he or she reached the upper age limit of court jurisdiction, which in some states is as high as 21 years.

This statutory review indicates that status offenders are largely viewed as juvenile delinquents who do not merit special treatment. There is scant evidence in recently revised juvenile codes that the handling of status offenders will be removed wholly from the juvenile court, but the Juvenile Justice and Delinquency Prevention Act of 1974 will undoubtedly require greater accommodation than has been effected thus far. Statutes continue to predispose the judicial system to focus on referred youth, rather than on the situation that led to the referral. The long-awaited publication of the American Bar Association Juvenile Justice Standards Project recommends that jurisdiction over status offenses be removed from the juvenile court (Juvenile Justice Standards Project, 1977). It appears likely that all of these national policy proposals will result in removal or at least significant curtailment of the court's jurisdiction over these bahaviors and statuses.

Litigation

Challenges to status offenses have arisen most frequently for the following reasons: 1) vagueness, 2) status charges violate the Eighth Amendment, 3) overbreadth.

Void for vagueness. The U.S. Supreme Court has struck down as vague statutes that "either forbid or require the doing of an act in terms so vague that persons of common intelligence must necessarily guess at its meaning and differ as to its application." (Connally v. General Construction Co., 269 U.S. 385, 39 [1926])

More recently, the U.S. Supreme Court, in vacating a California Federal District Court decision, held that the California juvenile statute was void because it granted juvenile court jurisdiction over children who were "in danger of leading an idle, dissolute, lewd or immoral life." Such a statute was void, the court said, because it failed to give fair warning of proscribed conduct or information to the fact-finder to enable him to recognize accurately such conduct (Gonzalez v. Maillard, No. 50424 [N.D. Calif. Feb. 9, 1971], vacated 416 U.S. 918 [1974]).

Punishment of a condition. In 1962, the U.S. Supreme Court, in Robinson v. California, 370 U.S. 660 (1962), reversed a conviction for violation of a California penal code making it a criminal offense to "be addicted to the use of narcotics." The court held that Robinson manifested a condition--"addiction"--that he was not able to control; thus, the defendant maintained a particular "status." Justice Douglas, in his concurring opinion, stated:

> We would forget the teachings of the Eighth Amendment if we allowed sickness to be made a crime and permitted sick people to be punished for being sick. This age of enlightenment cannot tolerate such barbarous action. (370 U.S. 678)

The effect of Robinson v. California was to support the argument that a status must be differentiated from a criminal act and that punishment for a status is in violation of the Eighth Amendment. This argument has surfaced in cases involving convictions of chronic alcoholics for public intoxication (Easter v. D.C., 361 F.2d 50 [D.C. Cir. 1966], Driver v. Hinnant, 356 F.2d 761 [4th Cir. 1966], and the ultimate Supreme Court decision that upheld the constitutionality of convictions of chronic alcoholics for public intoxication (Powell v. Texas, 392 U.S. 514 [1968]).

The previous constitutional arguments attacked adult system practices punishing status rather than behavior. The last few years have seen similar attempts to confront statutes applicable to juveniles. In Gesicki v. Oswold, 366 F. Supp. 371 (S.D.N.Y. 1971), the Wayward Minor Statute of New York was declared unconstitutional. The act granted adult criminal jurisdiction over youths 16 through 21 who were punished for being "morally depraved" and "in danger of becoming morally depraved." The court states that the Wayward Minor Statute permitted "the unconstitutional punishment of a minor's condition, rather than of any specific action."

However, two recent decisions have supported statutes applicable solely to status offenders that were challenged pursuant to the "void for vagueness" doctrine. In Mercado v. Rockefeller, 520 F.2d 666 (1974), the New York State PINS Statute was upheld as constitutional. The court upheld the statute, which had been attacked on the following bases:

1) The statute was vague and overbroad, in violation of the due process clause of the 14th Amendment.

2) The statute violated the Eighth Amendment because it punished a status instead of specific antisocial overt acts.

3) The statute violated the right to substantive due process guaranteed by the 14th Amendment, by imposing an excessive restraint on the individual liberty without serving any legitimate state purpose.

In Blandheim v. State of Washington, 529 P.2d 1096 (1975), the Washington Supreme Court upheld that state's incorrigibility statute and ruled that punishment for this offense was not cruel and unusual. (In this case a 17-year-old female had run away from home and various placements, eight times in 3 months.) The statute read: "An incorrigible child is one less than 18 who is beyond control of his parents, guardian or custodian by reason of the conduct or nature of said child."

The girl contended that the statute punished the "status" of being incorrigible in violation of the Eighth Amendment. The court, although not denying that incorrigibility is a condition or state of being, upheld the statute by stating that one acquires such a status only by reason of one's conduct or a pattern of behavior proscribed by the statute. Conduct that placed her beyond the control of her mother was felt to be sufficient basis for support of an adjudication of incorrigibility. The court did not show awareness of parental involvement nor indicate that the parents also could have been charged.

Overbreadth may be another basis for an attack on status offense statutes. In the case of *State v. Mattielo*, 4 Conn. Civ. 55, 225 A.2d 507 (App. Div. 1969), the court upheld a conviction of a female juvenile for violation of the Connecticut statute "forbidding walking with a lascivious carriage." The Appellate Division upheld the statute as valid under the concept of *parens patriae*, that the proceeding was civil rather than criminal, and that its end was not to punish but to rehabilitate the child through guardianship and protection.

Another form of overbreadth has existed in the institutionalization of status offenders with delinquent youth. In *In re Ellery C.*, 32 N.Y.2d 588 (1973), the New York Supreme Court concluded that confinement at a public training school was not appropriate supervision or treatment. It ordered the Department of Youth Services to provide adequate treatment, but it did not specify how PINS should be supervised. Therefore, the findings of a recent study by the Institute of Judicial Administration (1975) were not surprising. The institute observed that the separation requirement failed to effect any improvement in the care of troubled children.

In a subsequent case, *In re Lovette M.*, 35 N.Y.2d 136, 359 N.Y.S.2d 41 (1974), the Court of Appeals refused to hold that placement of a PINS in a training school was unlawful per se, stating that "it is confinement of PINS children in a prison atmosphere along with juveniles convicted of criminal acts that is proscribed, and not the fact of placement in a training school." (*Id.* at 141)

Similar cases in other states demonstrate that legislative restriction does not prevent the use of private institutions or community-based residential facilities by the court. In *Gary W. v. Stewart*, No. 74-2412 (E.D. La., filed Dec. 30, 1974), the transfer of 400 Illinois status offenders to private institutions in Texas was challenged, and in June 1975, the *Detroit News* reported placement of Michigan youths in private institutions, again in Texas. Obviously, barring commitment of status offenders to public institutions is only an incomplete solution, since private facilities--even community-based programs--may infringe as much on individual liberty as the public institution or public detention facility. The Children's Defense Fund has extensively researched the problems of children placed out of their homes in seven states (Children's Defense Fund, 1977). It recommends strong action by HEW, as well as by state agencies, to protect children from inappropriate placement and lack of periodic review of placement decisions once they are implemented.

III. CURRENT NEEDS

The development of policies and programs to serve adolescent and preadolescent youths outside the juvenile justice system is urgent. Chief Judge David Bazelon of the United States Court of Appeals for the District of Columbia emphasized the urgency of this need in a 1970 address to the National Conference of Juvenile Court Judges:

> The argument for retaining "beyond control" and truancy jurisdiction is that juvenile courts have to act in such cases because "if we don't act, no one else will." I submit that precisely the opposite is the case: because you act, no one else does. Schools and public agencies refer their problem cases to you because you have jurisdiction, because you exercise it and because you hold out promises that you can provide solutions.

P.L. 93-415 requires separation of status offenders from delinquents in all phases of processing, but if public and private child welfare agencies do not offer effective and needed services a great void will result. Youths, the agencies, and society will be the losers.

A secondary but related need is creation of mechanisms to monitor social institutions such as public schools and social welfare agencies, to ensure that they provide needed services to youths. The public school system has abdicated much of its responsibility to those youths most in need of education. It has indefinitely suspended and pushed these youths out of school. Recent reports of the Children's Defense Fund (1974) document the tragic situation: 2 million youths in the United States are permanently out of school.

Obviously the need for greater allocation of federal resources to child welfare is critical, particularly if responsibility for status offenders is to be taken seriously. But of almost equal importance is the creation of organizational structures for effective service delivery. Although existing legislation and child welfare goal statements indicate that the service needs of status offenders fall within the jurisdiction of the Department of Health, Education, and Welfare, additional legislation is probably needed to mandate specific responsibility. Legislation for comprehensive family and child development services was introduced several times by then-Senator Walter Mondale (D-Minn), but these proposals have not become law.

Child Welfare Service Patterns

The HEW report (1974) on children served by public and private welfare agencies and institutions in 1972 provides findings important for an analysis regarding status offenders. The report states that of the 3 million children served, 94% were served by public agencies; 88% lived with parents, relatives or independently; 8% were in foster homes, and 3% were in institutions. Institutionalization was far more prevalent for children placed in voluntary than in public agencies. Thus, these data suggest that service to children in the community was the primary modality in 1972. This service format is the type needed by the vast majority of status offenders, so the essential organizational design for service delivery would not require modification unless large numbers of youths were placed in private agencies.

A careful examination of federal and state child welfare laws is needed to determine if, as Katz (1971) argues: 1) they discriminate against the poor; and 2) social welfare agencies are allowed to impose white middle class two-parent family values on parent-child relationships. Without knowledge of existing law, policy strategies cannot be properly designed.[3]

IV. CURRENT APPROACHES

Numbers of Youth

Status offenders now are processed as juvenile delinquents in a majority of states, as has been noted. Because adequate information-gathering is lacking at local, state and national levels, it is not possible to report accurately even the total number of juveniles processed through the justice system each year. In 1972, 1,112,500 delinquency cases were processed by the nation's juvenile courts, based on voluntary reports to HEW (1974). If we add to that an estimate of the number of nonreporting counties, plus those held in jails, institutions and detention facilities, one produces a figure in excess of 2 million cases. There is no way to determine the extent of overlap--and therefore no reliable means of estimating the total unduplicated count of individuals. However, given the estimated U.S. child population of 52.8 million between the ages of 5 and 18 in 1972, it can be said that one of every 26 youths is potentially processed as a delinquent each year. Moreover, concentrating on the more vulnerable years of 10 to 18, the proportions approach one in 15.

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[3] Areas in which comparative information is needed for all of the states are: jurisdictional domain; service provision; age specification; rates for public and private agencies; eligibility restrictions; and linkage to other related organizations.

Contemporary Court Processing and Disposition

What proportion of the cases are status offenders? Again, this can be only crudely estimated, but the national study of 387 juvenile courts and correctional facilities conducted by the National Assessment of Juvenile Corrections indicates a proportion of 30% (Sarri and Hosenfeld, 1976). Thus about 600,000 status offense cases can be expected to be processed and/or served through the juvenile courts and correctional programs of the United States each year.[4] It is these youths who would potentially become the responsibility of child welfare agencies with the implementation of P.L. 93-415.

Variations among counties are large, some having fewer than 10% of their caseload in status offenses, others having as high as 60%. There are similar variations between states. Studies by Lerman (1970) and Sarri (1974) document the disproportional representation of status offenders, as does a recent Hennepin County, Minnesota, report of court referrals and detention (Community Welfare Council, 1976). Minnesota is one of the states in which no distinction is drawn between status offenders and youths charged with felonies and misdemeanors. In 1974, 45.6% of all referrals to the court were status offenders, but they constituted 55.8% of all who were admitted to detention. (See Table 2.)

These findings are particularly disturbing because they show a high rate of detention for all juvenile cases, but especially for those who present no threat to the community. This is in sharp contrast to the case of adult jailing, where it is commonly accepted that persons are to be held only if the public will be endangered by their release, or if there is reasonable evidence to believe the person will abscond.

These data also illustrate the impact of variable organizational strategies, for only 16 youths were referred for truancy in Hennepin County. Given the numbers of youth in school in the

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[4] The National Advisory Commission on Correctional Standards and Goals (1973) estimated that 40% of the dispositions of the juvenile court involved status offenders.

Table 2

Juvenile Referrals by Offense and Detention Rate

Hennepin County, Minnesota, 1974

Charge	No. Referred	% Detained
Incorrigibility	472	82.8
Truancy	16	75.0
Absenting (runaway)	1790	72.8
Robbery	162	77.2
Assault	172	59.9
Burglary	531	50.8

Source of data: Community Welfare Council, Hennepin County, Minnesota: Hennepin County's Status Offenders: A Preliminary Report. Jan. 9, 1976.

county, this number is far below what would be expected. It is probable that schools in Minneapolis and other communities in the county have used alternative strategies for dealing with truants.[5,6]

It is possible to estimate that 33% to 35% of the committed youth in correctional facilities are status offenders (Grichting, 1975; U.S. NCJISS, 1974). The data in Table 3 are from a nationally representative sample of correctional programs studied by the National Assessment of Juvenile Corrections; they enable us to determine whether status offenders and juvenile delinquents are separated during disposition. The sample consists of 20 public and 22 private facilities for adjudicated youth. Thirty-seven of the 42 facilities were in states that in 1972 required, by statute, the separation of these youth during disposition. Only two out of the 37 did not have a mixture of both types of offender. The two exceptions, one public and one voluntary, had a client population of less than seven offenders. Clearly, separation essentially does not exist. The actual situation, which is in accord with the findings of the Institute for Judicial Administration (1975), is in violation of the letter and the spirit of the law.

Table 3 further indicates that the majority of both law violators and status offenders end up in institutions, although there is a greater tendency to place delinquents in institutions.

When comparisons are made by sex, as in Table 4, it is evident that proportionally more females than males are committed for status offenses. Males outnumber females by more than two to one, but since the arrest ratio of males to females is 4 to 1, the disproportionate institutionalization of females is apparent. A 1974 study in Louisville reported status offenses accounted for 46% of female referrals, with more frequent detention and institutionalization of females even though their offenses were far less serious (Juvenile Justice Digest, 1976).

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[5] These findings are also alarming because Minnesota is one of the states with extensive child welfare programs. Many of the youths processed through the court and detention in Hennepin County could be served more appropriately by child welfare agencies.

[6] The situation of the runaway is particularly disturbing when contrasted with truancy, for runaways constituted 57% of this sample. The number, given the population of this community, suggests that the court was the first agency involved, rather than the last.

Table 3

Distribution of Offenders by Type of Correctional Facility

	Institutions		Open Programs		Total	
	%	(n)	%	(n)	%	(n)
Juvenile delinquents	84.9	(792)	15.1	(141)	100.0	(933)
Status offenders	66.5	(355)	33.5	(179)	100.0	(534)
Total	78.2	(1,147)	21.8	(320)	100.0	(1,467)

Source of data: National Assessment of Juvenile Corrections, University of Michigan, Ann Arbor, 1976.

Table 4

Commitment Offense, by Program Type and Sex (in percentages)

	Status Offense[a]	Probation or Parole Violation	Mis-demeanor	Drugs or Alcohol	Property	Person	(n)
Institution							
Male	23	4	2	6	46	18	(832)
Female	50	1	3	18	14	14	(349)
Community Residential							
Male	50	3	1	10	26	10	(70)
Female	67	3	0	14	12	3	(58)
Day Treatment							
Male	45	3	4	6	30	12	(164)
Female	87	0	0	5	3	5	(37)

Note: Determination of commitment offense was based on response to the question, "Why were you sent here?"

[a] Status offenses include incorrigibility, dependent and neglected, truancy, running away, curfew violations, disorderly, etc.

Source of data: National Assessment of Juvenile Corrections, University of Michigan, Ann Arbor, 1976.

Responses of youth in the National Assessment of Juvenile Corrections sample of correctional programs permitted some examination of the labeling and stigmatization process. Youths were asked why they were sent to the program and if they perceived that "people think of me as a criminal because I'm here." Responses were analyzed with reference to several variables, including patterns of official intervention, type of program placement, staff-youth interaction patterns, and personal characteristics of the youth.

Analysis of the responses reveals that 50% of the youths thought they were considered criminal. Among first offenders 34% held this opinion, but there was no significant difference between youths initially committed for status offenses and those committed for criminal offenses. Fewer females than males believed that they were considered criminal (46% versus 55%), but there was a smaller difference for females when offense was controlled.

Subjective awareness of the probability of being labeled criminal increases in proportion to the frequency and types of contact between youth and the justice system. These findings support the recommendation of parsimony regarding the type and extent of intervention with respect to status offenders.

The 1974 HEW report on children served by public welfare and voluntary child welfare agencies and institutions does not permit determination whether status offenders are now served by these agencies (U.S. HEW, 1974). Such analyses can and should be completed if the necessary data are available at the federal level. There is reason to believe that adolescent youths are likely to be processed through the juvenile justice system, and younger children through the child welfare agencies. If this situation exists, it is regrettable, since adolescent youth are urgently in need of service and assistance, not punishment and other forms of coercive control, when the conduct at issue is status behavior.

A recent study of "ungovernability" cases in the Family Court of New York indicated that 62% of these youths were females in midadolescence, disproportionately nonwhite and from large, poor and single-parent or broken families (Yale Law Journal, 1974). The study also noted that 37% were "neglected," but were classified as "ungovernable" to expedite processing. Sixty-eight percent of these youths were held in secure detention, despite its obvious impropriety. Finally, the study found that higher proportions of these youths were adjudicated and committed to residential facilities than were youths who committed serious property or person crimes. A study of the Michigan Department of Social Services drew similar conclusions about institutional placement of nonaggressive youths (Michigan, 1975).

The New York and Louisville studies document another frequent observation regarding status offenders. Those who wind up in the juvenile court and correctional programs are disproportionately poor and minority youths. For many young people--particularly those residing in the inner city ghettos--the law is an omnipresent factor in daily life. It is estimated in some cities that 90% of these young people will have been arrested at least once before the age of 18.

Youths from middle and upper income families may be arrested for status misconduct, but they are usually handled informally. Parents arrange for special counseling, private schools, and so forth.

The care of youths turned over to authorities by their families is particularly disturbing, for these youth are frightened, confused and often alienated from close interpersonal relationships. They feel angry and abandoned. Seldom is anything done to relieve their anxiety, depression or anger. It is obvious that the court is not the proper agency to deal with family problems presented as status offenses. In California, the Sacramento Community Crisis Intervention Program has demonstrated that alternative forms of intervention can alleviate family problems so that court action is unnecessary.[7]

A consequence of present approaches to the problems of the status offender is that it is easy to enter the juvenile justice system, but difficult to exit. Laws governing noncriminal behaviors provide parents, schools and community agencies with easy access to the court for action concerning a juvenile. It is often said that the court is at the top of a pyramid of agencies that may intervene in a juvenile's life, that the court is the "last resort," but many first offenders are dealt with as stringently as those with multiple charges, and many youths who wind up in the juvenile justice system have had little prior contact with social welfare agencies.

Schools and Status Offenses

Substantial research findings point to problematic aspects of school as strongly related to delinquent behavior (Gold and Williams, 1972). School curricula that do not reach the student and lay a basis for continuing failure lead to truancy or behavior that results in suspension. The youth will in all likelihood be "on the streets" indefinitely, learning little or nothing that will help him become a law-abiding adult. He is far more likely to engage in delinquent activities (Schafer and Olexa, 1970; Polk and Schafer 1972). A recent study in Baltimore (1975) documented this pattern of behavior as even more typical of status offenders than of those whose first charge was for a criminal violation.

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[7] The 601 Diversion Project Report (Baron and Feeney, 1972) provides findings to support early and flexible intervention to help families solve crisis problems. This project demonstrated that status offenders can be diverted from the court and that subsequent court contact will be reduced.

Chief Judge David Bazelon of the District of Columbia Court of Appeals emphasized the critical role of the school when he addressed the juvenile court judges:

> The school will have to learn how to work out disputes between teachers and pupils. . . . It must above all not let go of the youngster, no matter how irritating he is. It must not lose him to the streets. (Bazelon, 1970, p. 44)

In its report on children out of school in the United States, the Children's Defense Fund noted that the figure of 2 million does not include students expelled or suspended; truants; and children not reported by parents as out of school (CDF, 1974). Seventy-five percent were between the ages of 7 and 13--representing about 3% of the total school-age population in that age range. Few differences were observed by region of the country except for slightly higher percentages in the South and in rural areas. Non-enrolled youth were disproportionately from poor, minority and inner-city families. Among the barriers to attendance were physical handicaps, mental retardation, pregnancy, poor language skills, mental illness and misbehavior. Obviously these youth are among those who require child welfare services,but far too seldom do they receive them.

School suspension is another problem area, as reports by the Children's Defense Fund (1974), Stretch and Crunk (1972), and others pointed out. Too often youth who are suspended are already alienated from school, and the consequences are the opposite of those publicly intended. Moreover, their parents may be negative about schools and teachers, so that they are not able to assist their children. The recent Supreme Court decision in Goss v. Lopez, 419 U.S. 565 (1974), requires that schools act to reduce arbitrary decisions; it is hoped it can also provide a basis for developing policies and procedures that stimulate and reinforce positive behavior by youths.

Given the size and complexity of school systems today, it is obvious that youths need advocates who will intervene on their behalf. Legal institutions also have an important role to play in monitoring organizational behavior, to determine if mandates are effectively implemented, as the Children's Defense Fund, National Coalition for Children, and other organizations have argued.

Policy Priorities of National Youth Organizations

The concept of parens patriae, the foundation of the juvenile court movement, is now the focus of discussion concerning whether the juvenile court should retain jurisdiction over status offenders. This question goes beyond Sec. 223 (12) of the Juvenile Delinquency and Prevention Act of 1974, which deals only with deinstitutionalization of status offenders, and challenges the historical precedent of the court.

The controversy regarding the abolition of status offenses versus retention of status offenders under the control of the court has resulted in debate among voluntary organizations, state and national legislative and advisory commissions, legal defense groups, professional court and correctional organizations, and eminent jurists. Arguments advanced by various individuals and groups are summarized briefly here.[8] This summary does not include all the organizations that have stated policies regarding status offenses, but it is representative of the variety of positions.

Civic organizations for abolition. The National Council of Jewish Women has high visibility as a civic group concerned with juvenile justice. The council advocates abolition of status offenses from the purview of the juvenile court, on these bases:

1) Status offenders consume court resources better directed toward intervening with youths who commit law violations.

2) Behavior often identified as "unruly," especially in home situations, may be a positive response to an intolerable situation.

3) Mixing status offenders with delinquents increases the probability that status offenders will be stigmatized and that there will be negative socialization effects from being confined with delinquents.

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[8] A more thorough analysis is in Judy Calaf's working paper produced for the New York Division for Youth and soon to be published by NCCD, "Status Offenders and the Juvenile Court."

4) Status offenders are often subject to more punitive intervention than other young offenders.

The council calls for expansion of delinquency prevention services, as well as community services available to youth and their families. The youth service bureau concept originally detailed by Sherwood Norman in his book *The Youth Service Bureau* is seen as a primary mechanism for developing diversion services outside court control.

Civic organizations for retention. The Community Services Society of New York takes the position that it is premature to abolish juvenile court jurisdiction until adequate alternative community resources are available. The society favors expanding the role of the family court in relation to status behavior, and raising the maximum age of original jurisdiction from 16 to 18.

Voluntary child welfare organizations for abolition. The Jewish Board of Guardians in New York City advocates abolition of status offenses from the juvenile court, based on its experience in working with the family court. The JBG contends that deprivation of liberty is justified only when appropriate treatment is provided under control of the court, and that the nonexistence of treatment necessitates removal from the juvenile court system. It recommends replacement of the status-offender category with noncoercive mechanisms. It also advocates provision of new services for status offenders as an alternative to the "warehousing" of youths in institutions.

Voluntary child welfare organization for retention. The Federation of Protestant Welfare Agencies in New York City advocates retention. Its arguments are basically twofold:

1) There must remain one ultimate state authority that can intervene to help troubled youth. The court must serve as the link between youths and resources.

2) The real issue in dealing with status behavior is the lack of alternative resources, not the category itself.

The federation would increase state resources for direct service and personnel training for probation and state agency personnel working with youths. Also, as with civic organizations, an increase in the age of original jurisdiction from 16 to 18 is recommended.

State commissions, agencies and committees for abolition. The California Interim Committee on Criminal Procedure bases its arguments for abolition on the lack of evidence that court processing of status behavior prevents delinquency or law violations. It emphasizes that placement of the status offender with the law violator will only promote future criminality.

The committee recommends inclusion of habitual truants in the "neglect" category. (One wonders whether this is truly abolition or, perhaps, a semantic shuffle of statutory language, a criticism that may also be valid for recommendations of other organizations.)

Federal commissions and agencies for abolition. The President's Commission on Law Enforcement and Administration of Justice in 1967 made this recommendation: "Any act that is considered a crime when committed by an adult should continue to be, when charged against a juvenile, the business of the juvenile court, (but) serious consideration, at the least, should be given to complete elimination of the court's power over children for noncriminal conduct." (p. 85)

The report was critical of the negative labeling effect of court processing of status offenders, as well as the dangers inherent in the informal courtroom procedures used with these youths.

The alternatives recommended by the commission were not totally congruent with removal of status offenders from the juvenile court: efforts should be made to ensure individualized assistance to youths, to avoid the necessity of separating youths from peers. The court was perceived as the "last resort," after all other alternatives had failed.

Legal defense groups and authorities for abolition. The American Civil Liberties Union Juvenile Rights Project makes two kinds of argument. Legal-constitutional arguments are these:

1) Status offense statutes are often vague and ill defined and thus arbitrarily and capriciously enforced.

2) Punishment of a status is unconstitutional.

3) Infringement of the liberty of a status offender in no way serves a legitimate state purpose (i.e., apprehension of law violators or effective treatment).

4) The evidence supports the contention that status offender categories are discriminatory, especially in relation to girls and minority youths.

The ACLU's arguments related to misuse of court resources are these:

1) Status offenders are basically "neglected youths" for whose care the schools and parents avoid their obligations.

2) Court resources are allocated to status offenders when they could be allocated to serving delinquent youth and child abuse cases.

3) The court's continued jurisdiction over status offenders inhibits the growth of voluntary community agencies to serve them.

4) The judicial system as an adversary system is best equipped to adjudicate acts, not personalities.

The ACLU recommends that funds used for court processing and institutionalization be diverted to "proved" noncourt community programs. In addition, it urges that specialized community services, including counseling, medical services, and crisis-intervention direct services, be made available to families in the community.

Professional court and correctional organizations for abolition. The National Council on Crime and Delinquency originally promulgated the Standard Juvenile Court Act in 1959. This act provided for court intervention for any child beyond the control of his parent or guardian. It specifically recommended against institutionalization of status offenders with law violators. However, in April 1975, the council issued a new policy statement advocating total removal of juvenile court jurisdiction over status offenders. NCCD equated its position on status offenses to the position it has taken for the abolition of victimless crimes in the adult system, referring to status behavior as "juvenile victimless crime." Recognizing that the juvenile court has coercive powers, it recommended these powers be used against law violators. It, too, reiterated that resources being used for youths who are not law violators should be directed toward law violators.

The council basically urges utilization of noncoercive community-based residential and nonresidential facilities and increased availability of a wide range of community resources for children and parents. Youth service bureaus are mentioned as a primary mechanism.

Professional court and correctional organizations for retention. The National Council of Juvenile Court Judges, in a 1972 resolution, recommended retention and opposed statutory diversion. The body stated that although diversion may be appropriate in some cases, it may represent a deprivation of constitutional rights. In addition, it held, "coercion" is often effective in dealing with status offenders and their families. To provide a greater diversity of services, the council recommended development of community-based programs for status offenders.

The New York State Office of the Court Administrator has also opposed removal of status offenders from the juvenile court. Its report cites the lack of a public or private mental health, education or social service system adequately equipped to deal with status offenders. Specific mention is made of seriously disturbed and retarded youth who are not retained for treatment by the Department of Mental Hygiene. The state office urges an expansion of services to divert the child from the court. When adequate alternatives exist, abolition might be supported.

Eminent jurists for abolition. Numerous judges have written on the pros and cons of abolition of status offenses from the juvenile court. Family and juvenile court judges such as Frank A. Orlando of the 17th Judicial Circuit in Florida and Ted Rubin, Director of Juvenile Justice, Institute for Court Management, University of Denver, and former Denver Juvenile Court judge, have written articles advocating abolition. Both challenged status offense statutes on the "void for vagueness" basis. Judge Orlando cited Gesicki v. Oswold, 336 F.Supp. 371 (S.D.N.Y. 1971), and Gonzalez v. Maillard, 416 U.S. 918 (1974), as cases in New York and California where statutes pertinent to status offenders were considered vague and arbitrary and in violation of the due process clause of the 14th Amendment. Judge Rubin questioned the constitutionality of punishment of a status, as set forth in Robinson v. California, 370 U.S. 660 (1962) (i.e., the status of addiction).

As an alternative to juvenile court control, these judges stress provision of community services outside the court. Efforts should be made to hold the parents accountable, rather than, as Judge Rubin states, having the court "readily [agree] to accept a share in their children's care and development, too often weakening the family's ability to find noncoercive solutions to intrafamily problems." The basic unfairness, Judge Rubin says, is that a status offense "places the essential burden on the child for actions which are more usually interactions."

Eminent jurists for retention. Jurists have been the group most visibly opposed to the removal of the status offender from the purview of the court. Justine Wise Polier, former Family Court judge in New York City and subsequently director of the Juvenile Justice Project of the Children's Defense Fund, supports retention as both a legal and moral responsibility. Her arguments are:

1) The argument that status offense statutes are unconstitutional is incorrect; jurisdiction is over conduct, not a status.

2) The problems of status offenders are not just the problems of adolescence; status offenders have grave problems related to drug and alcohol use.

3) To show "benign neglect" to status offenders is an abdication of social responsibility. If services to status offenders were offered only on a voluntary basis, no jurisdiction could be established over status offenders. The court's objectives are valid, and should be more strongly pursued, not abandoned.

Judge Lindsay G. Arthur, of the Juvenile Division of the Hennepin County District Court in Minneapolis, also sees status offenses as indicative of more serious problems (Arthur, 1975). He supports plea bargaining as leaving less of a stigma on a youth labeled a status offender than adjudication. His views are:

1) Strong support of diversion is necessary (although it is evident he means diversion through rather than outside court processing).

2) Status offenders should be classified into four categories of problems: chemical, control, education and family. Differential processing in terms of the type of problem is suggested.

3) Removal of status offenders from court jurisdiction would dramatically increase problematic behavior.

4) The court should be available to handle all types of misconduct, and treatment should be imposed when the child or family refuse it.

5) There is little potential damage in the commingling of status offenders and juvenile delinquents; "status offenders are in plain fact some of the more mentally and emotionally disturbed children." (p. 6)

V. CURRENT AND FUTURE UNMET NEEDS

The foregoing analysis of current needs and approaches has delineated most of the problems in relation to needs. The following is a brief summary of critical unmet needs, providing one of the bases for developing policy and program recommendations.

1) Human service organizations--especially child welfare, public schools and mental health--must take a much more active, interdependent and coordinated role in the socialization and education of adolescents, especially youths from poor and minority group families.

2) New theories of adolescence in a complex postindustrial society are needed as the basis for development of comprehensive service programs for youths and their families.

3) Reduction of sexism in the processing of youths into social control agencies is urgent. When 70% of the female offenders in public correctional institutions are committed there for status offenses, as contrasted with 23% for males, one can only conclude that variable moral standards are being imposed (U.S. NCJISS, 1974).

4) Voluntary nonprofit associations and agencies need concrete inducements to develop a broad range of services to adolescents in ways that relate to subcultural values and expectations of these youths.

5) Community-based programming is a practical alternative to institutionalization in only a small minority of states (Vinter, Downs and Hall, 1975). It has been advocated for almost two decades by many national commissions and conferences, but more effective implementation policies are needed if greater success is to be achieved.

6) Given the observation of Grichting (1975) that the proportion of status offenders in public correctional facilities increases as: total population grows or becomes more urbanized (+.19); nonwhite populations decrease (-.56); education increases (+.19); more federal funds become available (+.30); and less local funds are allocated (-.24), there is a need to examine carefully the environmental context out of which status offenders are selected and processed. Obviously, the large urban community has become an environment that does not stimulate positive voluntary mechanisms for aiding youths in growing up. Data from Sarri (1974) regarding the increasing placement of urban youth, especially females, in adult jails, further document these practices and demonstrate the need for more thoroughgoing positive, rather than negative, sanctioning systems.

VI. ISSUES RELATING TO PROGRAMS AND NEEDS

This paper identifies many issues and problems of adolescents classified as status offenders and now processed through the juvenile justice system. Past failures are readily apparent, but one must be dubious about the adequacy of current long-range planning at federal, state and local levels in both the public and private sectors. Adequate planning is particularly needed because of major changes under way in the larger society--in employment opportunities, life styles, education and birth rate.

There is a tendency for each governmental unit charged with one or more aspects of youth socialization or control to address its own task with little reference to general developments or to other organizations working in the area. This pattern could be changed at the federal level by revamping the Interdepartmental Councils for Children and Youth, which could then help states and localities engage in more rational and positive planning.

Among the issues that should be considered in planning are the following.

Policy Issues

1) Implementation of Sec. 223 of P.L. 93-415 requires that status offenders not be commingled with other juvenile offenders and that they not be held in secure custody. Table 1 summarizes the distinctions found in the juvenile codes in the 50 states as of 1972. Since then changes have been made in a number of states, but many more modifications are required if full compliance with Sec. 223 is to be achieved. Similar examination of child welfare statutes is also necessary to determine their jurisdiction and procedures that would be applicable if status offenders were removed from the justice system. Statutory provisions in relation to juvenile delinquency have been studied systematically in 50 states by Levin and Sarri (1974); their approach provides a basis for an examination of child welfare laws.

2) Critical questions are being raised in most states as to which agencies (federal, state and local) should have responsibility for meeting the needs of youths and how they should interface with each other in policy and planning for youths. Issues also exist about the conditions under which services will be offered by public and private agencies. Legislation now proposed in Congress in the Youth and Family Development Act provides some mechanisms for dealing with these issues.

3) On the assumption that substantial proportions of all youths will encounter problems in growing up, society may elect to address these problems with service-oriented or coercive control strategies. The consequences of the approaches will be vastly different, even though the approaches overlap. The choice is likely to have profound long-term effects for the children involved and for society as a

whole. Society is increasingly recognizing rights to service and reducing rigid sanctioning systems that govern adults in many sectors, e.g. mental health, retardation, physical handicaps. However, in the case of children and youths, negative sanctions and controls are increasing rather than decreasing.

4) Given priorities for the development of prevention and diversion policies and programs vis-a-vis status offenders, issues arise as to how and by whom these policies should be implemented. With particular regard to diversion, there must be study of how this policy can result in viable referral out of the justice system, rather than "lesser penetration" into the juvenile court and then referral out. Williams and Gold (1972) and Gold (1975) suggest that any contact with the justice system is to be avoided if subsequent delinquent behavior is not to increase. Resources for prevention strategies have been reduced at federal and state levels in the last decade. Without such efforts in prevention program, effective diversion is not likely to occur for the majority of youths needing alternative community services.

5) Rates of crimes committed by youths are reported to be rapidly increasing, but there has been no reliable, objective measurement of this increase. Particularly disturbing are the reports of increases in violent crime by youths. These reports are leading to punitive policies in many states, despite the lack of reliable data. What data are available (Gold and Reimer, 1975) indicate that there has not been an increase in the rate of acts of violence by youths.

6) Levine (1973), Wald (1974) and others have suggested that if responsibility for status offenders is transferred from the juvenile court to child welfare or other social service organizations, policies must be initiated to assure protection of individual rights and provision of effective services. They argue that past performance of some of these agencies raises serious question about their capability and accountability in the provision of quality services. Findings in the study of the New York Family Court (Yale, 1974) offer little reason for optimism unless there are changes in the policies and practices of the agencies.

7) Any attempt by states to legislate or enforce morality raises policy issues of importance throughout the United States. Are states able to enforce morality? If so, is this appropriate? The questions are particularly pertinent to laws and policies governing children's conduct. When powerful, pervasive media such as television and films challenge moral norms in extremely provocative ways, it is difficult for the state to use the juvenile court to enforce behavior contradictory to that exhibited in the media. The current situation is a "Catch 22" for adolescents. Use of the

juvenile court to enforce moral norms no longer acknowledged by adult society will not only be ineffective; it will jeopardize the court's legitimate operation as a judicial agency. Adherence to law is dependent on voluntary assent by the majority of the population. If youths perceive the court as attempting to enforce moral norms not adhered to by adults, the court will lose value in their eyes.

8) Juvenile court staff have expressed views about which agencies should handle categories of behavior now under jurisdiction of the court. The findings in Table 5, from a National Assessment of Juvenile Corrections survey of a sample of 400 juvenile courts, reflect the views of judges and probation officers about status offenses, misdemeanors and felonies. Probation officers more frequently than judges said that status offenders should be handled by a nonjudicial agency. Judges and probation officers agree that truancy is best handled nonjudicially, but differ about running away and promiscuity. Probation officers are most directly involved in service delivery to the youths, so their responses have particular relevance. Among the judges who responded, those who spent at least 35% of their time on juvenile matters were more likely to hold views similar to those of probation officers. These responses suggest that the greater the contact with status offense situations, the more likely that court personnel believe this noncriminal behavior should be handled by a nonjudicial agency.

Program Issues

1) Institutional placement of youths for noncriminal status behavior is still used frequently in the majority of states despite many recommendations for alternative community-based programming. However, experience of those states with community-based programs indicates that they can be viable and effective for the majority of youths. Moreover, there are no conclusive data that suggest that the overwhelming majority of youths would not accept needed services if they were offered on a voluntary basis. The experience of many innovative community-based programs indicates a high level of receptivity. Unfortunately, many public statements continue to be made by both professional and lay leaders that coercion is necessary in programming for youth charged as status offenders.

2) Because of the frequency of assertions that status offenders commit acts as serious as those committed by delinquents, the findings in Table 6 are relevant. It has been noted that Judge Arthur (1975) advocated juvenile court intervention because, he asserted, status offenders do not differ in their behavior from delinquents. Youths in the national sample studied by the National Assessment of Juvenile Corrections were asked how many times prior

Table 5

Juvenile Judges' and Probation Officers' Preferred Jurisdiction Over Certain Offenses Committed by Juveniles*

in percentages of Judges (N = 252-269)
and of Probation Officers (N = 469-491)**

	Juvenile Court		Adult Court		Nonjudicial Agency	
	Judges	P.O.s	Judges	P.O.s	Judges	P.O.s
Status offense						
Truancy	44	35			56	65
Promiscuity	54	35			46	65
Running away	61	47			39	53
Misdemeanor						
Liquor violation	81	68	5	4	14	27
Vandalism	94	95	2	2	4	3
Shoplifting	94	90	2	2	4	8
Felony						
Armed robbery	69	58	31	42	<0.5	<0.5
Breaking & entering	94	96	5	3	<0.5	1
Auto theft	92	91	7	9	1	<0.5

*Question: Which of these problems do you feel are best handled by the juvenile court, an adult court, or other social agencies (schools, child welfare, etc.)?

**Numbers vary due to responses that could not be classified into either of the three choices listed.

Table 6

Frequency of Commission of Antisocial Acts by Youth Prior to Placement in Correctional Programs by Selected Offense Types (by Percentages of Youth)

Antisocial Behavior Committed Before Placement in Correctional Setting	Pure Status				Property				Person			
	0	1-2	3+	N	0	1-2	3+	N	0	1-2	3+	N
Ran away from home	36	27	37	(495)	37	28	35	(499)	44	23	33	(227)
Was suspended from school	31	30	39	(502)	18	30	52	(494)	15	24	61	(230)
Used marijuana or hashish	32	13	54	(512)	28	12	61	(501)	20	15	65	(230)
Used other drugs	47	14	39	(501)	37	13	51	(491)	30	14	56	(225)
Stole something	23	31	47	(488)	5	16	79	(492)	10	21	70	(228)
Damaged someone's property on purpose	53	30	18	(499)	31	24	45	(500)	34	22	45	(225)
Committed breaking and entering	60	20	20	(507)	17	24	59	(505)	26	20	54	(232)
Committed armed robbery	70	17	14	(504)	40	22	39	(497)	29	28	42	(227)

Source of Data: National Assessment of Juvenile Corrections, University of Michigan, Ann Arbor, 1975.

to their present placement they had engaged in deviant behaviors. The findings show that youths committed for person or property offenses had engaged in law-violative behavior far more frequently than those committed for status offenses. Only in the case of "running away" was there any exception to this pattern, for 37% of the "status offenders" reported running away three or more times, while 35% of the property offenders and 33% of the person offenders so reported. In contrast, 20% of the status offenders reported three or more times of breaking and entering, but 59% of the property offenders and 54% of the person offenders reported the same incidence of breaking and entering.

The problematic nature of school-youth interaction is evident in these data, for 39% of the status offenders, 52% of the property offenders and 61% of the person offenders reported being suspended three or more times. The data challenge the assertion of Judge Arthur that there are no differences between status offenders and youths committed for felonies and misdemeanors. All the youths reported frequent antisocial acts, but these responses are in accord with those obtained by Gold and Reimer (1975) and Williams and Gold (1972).

When youths were asked about antisocial behavior following placement in a correctional program, they said such behavior increased substantially for status offenders the longer they were in correctional programs. Thus, the interaction appeared to have resulted in "socialization" to criminal behavior.

3) The utility of elaborate programs for classifying youth needs further critical study. Diagnostic assessment is essential in planning of differential treatment, but too often the process is highly esoteric and unrelated to the reality of programs that are available or feasible. In other cases diagnostic assessment may be subverted to devices that justify custodial control or that avoid concrete problems. Program design and individual assessments must consider further the normal socialization needs of youth, so that these will not be neglected in planning particularistic treatment approaches.

4) Quality and effectiveness are critical issues for program evaluation, including residential treatment. Coercive placement of youth in institutions is increasingly being questioned because of its ineffectiveness. Bureaucratized and routinized handling of youths should be reduced.

5) Mechanisms for more effective interorganizational relationships among correctional agencies, schools and child welfare agencies, public and private, and at different levels of government, are critically needed, but programmatic solutions are lacking.

6) The type and form of client and local community involvement in program design and operation have become issues in many communities. With increasing emphasis on clients' rights, the changing circumstances of youths, and voluntarism in program choice, this participation can be expected to become increasingly important.

7) Enhancing job and career opportunities is a critical issue in postindustrial countries today because of serious and long-term unemployment. In the United States adolescents and young adults bear the brunt of unemployment. This imposes both absolute and relative barriers to the success of many treatment and educational programs. Radical solutions may be necessary.

Organizational Issues

1) The roles and respective domains of federal, state and local agencies are critical organizational issues in youth planning today. Because knowledge of interorganizational exchange is far less well developed than that of organizational behavior, more exploratory work in this area is needed.

2) Provision of adequate and relatively stable resources for creative and innovative programs is a problem frequently mentioned by human services administrators. Far too often federal and state support is provided only for brief experimental programs, with the expectation that local units will then accept ongoing responsibility. Given the current problems of urban communities, such an expectation is unwarranted. Youths are a national resource for whose well-being the federal government must accept greater responsibility.

3) Size, complexity, formalization, centralization, routinization, inflexibility, and ineffectiveness are all issues raised about human service organizations. Particularly problematic is the inability to respond appropriately to the needs of poor and minority group persons. Problems of institutionalized racism and sexism are especially pertinent in the processing of status offenders.

4) Street (1977), Wilensky (1975) and others have observed that human service organizations and professionals behave in ways that perpetuate poverty and injustice Programs are initiated with laudable goals, but all too often they produce only agencies and staff who identify and label problems rather than solve them. As a result poverty, illness, poor education persist despite the expenditure of substantial resources. Street has identified a number of issues related to the "professionalization of reforms," which he describes as efforts to define social problems as the exclusive province of professional groups--e.g., social workers. These professionals define as appropriate and expert their proposed social

remedies with no participation in that decision making by clients or the public at large. Competition arises among professionals with further negative results for the clientele. In the case of youth-schools, child welfare and justice agencies have proliferated a set of somewhat interrelated categories for defining problems of students. Thus, as Street noted, a poor, minority group youth is also labeled as culturally deprived, emotionally handicapped, from a single-parent home, resident of a ghetto, member of a gang, child of a junkie community, and so forth. Thus a global, diffuse stereotype is created that prevents escape from that status except through heroic means such as described by Brown (1965). More representative bureaucratic structures, with active participation by clientele in critical decision making, are among the solutions being proposed.

5) Stimulation of organizational creativity, flexibility and dynamic leadership are often mentioned as essential for human service programs and agencies. Little can be expected where there are so few rewards.

Research Issues

1) New theories of adolescent and young adult socialization and development are needed, and will require extensive research if they are to be refined and tested for application.

2) Information systems to monitor behavior, organizational problem solving, and program and outcome evaluation are a critical need today. The priorities for program evaluation in many federal grants provide stimulus for study and action, but there is not enough research on the engineering of effective systems to perform these functions.

3) In establishing national goals and priorities, decision makers will require at least the following types of information not now systematically available: sociodemographic studies of the personal and social characteristics of youths relevant to public policy; comprehensive and synthesized information on program activities and outcomes in schools, courts, mental health and child welfare agencies, as well as employment opportunities and experiences for youth; and information on family structure and behavior.

4) A specialized area requiring further research relates to the impact on youths of the contradictory moral standards presented to them by the larger society. Along with problems associated with moral norms and the media are other issues involving the impact of substance abuse information, sex information, and so forth. Without research knowledge, serious problems exist in devising policy and

programs for status offenders. Research findings currently available suggest that many youths are confused, and respond to the conflict with hostility, alienation and other problematic behavior.

5) Knowledge about patterns of contemporary urban community organizations is slight. Warren (1975) has delineated several variant types. More information is needed about the critical differences among communities that affect their capability for effective youth socialization.

VII. APPROACHES, STRATEGIES AND RECOMMENDATIONS

This paper has dealt with critical policy and program issues for national child welfare planning regarding youths now classified as status offenders. Approaches, strategies and recommendations are considered together, since these matters are inevitably interrelated. Attention is first directed toward the national scene, then to state and local levels of organization. This paper is addressed primarily to policy makers and planners at the national level, rather than at state and local levels. However, the responsibilities at the national level for the provision of resources and guidelines for local units are addressed.

The National Scene

The national government and national youth organizations have been characterized as having done little for adolescents, especially status offenders, other than provide minimal resources for custodial care and control. Statutory changes and new proposals now provide significant opportunities for the federal government. This paper does not advocate federal encroachment into an area presumably the province of states and localities, but calls for federal assertion of moral, political, and normative leadership; for greater and more focused allocation of its resources; and for several forms of technical assistance that only the federal government can render. This strategy is contrary to those often espoused in programs for "block" and "special" revenue sharing. LEAA block grants to states have been extremely ineffective with respect to the proportional allocation of funds to youths relative to their numbers and needs.

Melekos (1976) points out that since 1969, final appropriations for juvenile delinquency by Congress have been $10 million per year despite authorizations at the level of $75 million. Moreover, executive requests have been below Congressional authorizations. Federal aid to education and child welfare has also been reduced, with the result that significantly lower amounts of resources are available for youth services. Considering the increase in youth population and the effects of inflation, these reductions could be catastrophic. The federal government has the capability to perform four major functions needed to buttress and improve youth programs across the nation.

1. Establish priorities, standards and guidelines for comprehensive youth services systems.

In recent years there have been efforts to define program standards in corrections by the National Advisory Commission on Correctional Standards and Goals, and in mental health by the National Commission on the Mental Health of Children. These efforts have had practical applications in several states, but they are inevitably partial rather than comprehensive because of the nature of the particular agency's jurisdiction. The Department of Health, Education, and Welfare is charged with broad responsibility for aiding the general welfare of youths. Therefore, it should take steps toward formulation of national standards of services, rights and responsibilities.

The HEW memorandum entitled "Title XX--Final CASP Plans," reveals that as of Oct. 1, 1975, there was significant planning in child and family welfare under way in several states, but the majority appeared to continue traditional programs. The authors were optimistic that half of Title XX program expenditures would be allocated for services to children and youths (p. 2). If that does result, it should not be difficult to extend service coverage to youths now being processed through the juvenile court as status offenders. With the priority of resources for services to youths accepted by the states, the key task remaining would be obtaining the needed resources.

The urgent problems of youth must be defined on a national level in a society as mobile as that of the United States. Similarly, formulation of principles regarding the rights of minors in relation to social services also must be done at the federal as well as the state level. Interagency exchange and communication is needed at the federal level through mechanisms such as interdepartmental committees on families and children.

2. Channel resources for strategic aims.

Resources must be allocated in accord with national priorities adopted by the Congress in legislation. The Juvenile Justice and Delinquency Prevention Act of 1974 provides one mechanism for the extension of voluntary child-oriented services.

Grichting (1975) provides a clear warning that federal revenue sharing may reduce local funding of programs; therefore, it

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is important that federal grants be awarded in ways that do not result in reduced local allocations.

3. Foster innovation, experimentation and evaluation in programs for youths.

More support is needed for research on adolescent socialization, but of equal value in the development of theory would be careful innovation and evaluation of new programs and services. Already under way in some states are creative innovations that provide the basis for developing new policies and guidelines. The National Social Welfare Assembly is coordinating a series of local innovative programs directed toward services to status offenders. Another example is the demonstration project of the Lower East Side Family Union in New York. There, a broad spectrum of services is directed toward preserving family stability in a poor, multiethnic area, to avoid placement of children outside the home. The Sacramento family crisis intervention project, described earlier, was successful in reducing subsequent delinquent behavior and court processing.

These programs only illustrate types of existing innovation. Needed is further federal encouragement of these efforts and, following that, wide dissemination of results so that other communities have information for more rational decision making.

4. Develop a national information infrastructure.

Few states have been able to develop information systems, but even where they have, they are deprived of more general information from outside their own jurisdictions. Lacking such information, administrators, legislators and planners proceed on the basis of intuition, experience, revelation or response to public pressure.[9]

Information is needed on: consensus of the populations of all shelters and residential programs for youths; school truancy and exclusion practices and outcomes; child welfare service delivery by voluntary and public agencies; differentiated program experiences by region of the country, ethnicity, social class, and so forth. More difficult to obtain but sorely needed is information about children's rights, and the mechanisms through which these are assured.

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[9] Youth violence is an area where critical information is lacking, though far-reaching decisions are being made. Only the federal government is in a position to obtain and disseminate reliable information.

The Local Scene

In child welfare planning, state and local level government and organizations are critical components, in addition to the national government. The local level is "where the action is," i.e., service delivery, and where innovation and creativity are most urgently needed. State government should not be ignored, but several of the functions outlined at the federal level also apply at the state level.

An appropriate structure for local comprehensive youth services is a Youth Service Bureau. Such an agency does not eliminate existing public and private youth serving agencies, but provides a coordinating, innovating and monitoring agency concerned with the socialization of all youths so that they have greater access to desirable social roles both as youths and adolescents. The YSB can also serve as a resource broker facilitating exchange among existing social agencies.

Polk (1971) for example, presented one conceptualization of a Youth Service Bureau: "The Youth Service Bureau is a community agency to which children would be referred, rather than to the juvenile court, if their behavior has not been so serious as to present a threat to themselves or society." He offers four variant models of the YSB: cooperating agency model, community organization model, citizens' action model, and street outreach model. Rosenheim (1969) emphasized voluntary participation and comprehensive services in her model. A 1975 report from Charlotte, North Carolina (Heasley, 1975), presented a clearly articulated model for a county system, as well as findings from its first year. A high level of effectiveness in services to status offenders outside the justice system was reported.

The YSB seems particularly appropriate for the problems of status offenders. Services can be offered without the stigma of juvenile court involvement. It would foster community awareness of youth needs, community involvement by both youth and adults in addressing those needs, and a greater understanding of the complexity of problems facing adolescents.

It is not possible to outline alternative models of local Youth Service Bureaus in this paper, but one county-level Youth Services System would have the following functional prerequisites:

1) A locally elected board of adults and youth. These persons would represent public and private organizations and interest groups, and officials, but there would also be two to three persons representing the community at large.

2) An annual plan for a comprehensive youth services program integrated with social services, education, mental health and corrections plans. Almost all of the latter plans are already mandated at the local level in most states.

3) Responsibility for coordination of program planning and service delivery. The Youth Services System would stimulate innovation, and could receive federal funding directly for such purposes.

4) Quasi-legal mechanisms for resolving minor problems and conflicts. These would include ombudsmen, local neighborhood councils to hear cases and settle grievances, school committees, and so forth. The development of a local YSS would not eliminate the juvenile court as an important social institution. Upon the initiative of the YSS, the court could exercise mandamus powers over the public and private sector agencies serving youth, thereby ensuring that all youths needing services had access to the necessary resources.

5) A variable range of direct services, depending upon the service delivery system in a given community.[10] However, it would be desirable for the YSB not to develop a large bureaucratic service delivery component, because its ability to be flexible and innovative would be sharply reduced.

6) Funding by discretionary and annual grants-in-aid based on youth needs. There might be provision for local communities to raise part of the funds locally through taxation. However, the bulk of support would have to be federal if the resource discrepancies among and within states were to be offset.

The final structure of a youth services system is dependent upon the political processes in a particular community. Obviously there will be great variation within and among states. Federal assistance and support would have to be planned with awareness of this contingency, but accountability need not be jeopardized by highly differentiated structural patterns.

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[10] The Community Mental Health structures under Act 54 provide for a range of structural types for local agencies. YSS could be expected to show similar variation.

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PLANNING FOR CHILDREN OF DIVORCE

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I. INTRODUCTION; RELATIONSHIP TO CHILD WELFARE

Since 1953, when Despert published Children of Divorce,[1] the number of children in that status in the United States rose from 1-1/2 million to just under 12 million.[2] This eightfold increase in two decades reflects several factors, including a growth in youth population, a rising divorce rate, and an increase in the proportion of divorces involving families with young children. Whether the trend will continue its steady rise or level off is not easily predictable. Two important countervailing factors are a declining birth rate and a declining marriage rate. But regardless of the slope of the predicted curve, it is clear that in the years between 1977 and 1982 there will exist a population of almost 15 million children who have experienced family dissolution due to divorce.

In spite of the large number affected, and the clear reasons for concern, the child welfare field lacks substantive knowledge on which to base both policy and program. Our knowledge of children of divorce might be compared with our knowledge of mothers of out-of-wedlock children at a time when all information was derived from adoption agencies, since much of the published material on children of divorce comes from clinical settings and may therefore not be widely applicable to the typical family. Few studies attempt to obtain as representative a sample as did Goode in the survey "After Divorce," published in 1956.[3] One important empirical study of 131 normal children of divorce is under way in California, and is discussed later in detail, but the sample is limited. By and large, the "state of the art" leaves much to be desired. Identification and analysis of problems and needs are necessary before a comprehensive, developmentally oriented service system can be proposed.

II. CONCEPTUAL FRAMEWORK AND ASSUMPTIONS

Six major assumptions that should be made explicit form the conceptual framework of this paper. The first is that the family is the basic nurturing, caring and socializing unit responsible for meeting developmental needs of children. Reported changes on the composition of the family unit do not mean that the institution of family is disappearing or is basically dysfunctional. It should be noted that as divorce rates rise, so do rates of remarriage. Within a changing framework of different marriage partners or single parenthood, the institution of the family persists.

The second assumption is the acceptance of a developmental approach to family functioning. Children's needs change over time, and there will also be changes in parental and filial roles and functions. This approach may have to be reconciled with a "here and now" or crisis-oriented stance, concerned with immediate needs.

Thus some of the current interests in determining a single "psychological parent" and protecting the child from discord by having sole parental custody without visitation, as well as a final irreversible custody award, must be tempered by a developmental approach. In the long run needs may change, and it may be important to sustain family relationships in a broader kinship spectrum.

The data have shown an inverse relationship between socioeconomic status and divorce rates. In consequence, the third assumption is that both policy and program should be especially responsive to the needs of poor and otherwise disadvantaged families, since they experience divorce to a greater extent than does the middle class. By contrast, the literature in the field is replete with clinically oriented material that deals with middle class clients receiving therapy, and the needs of poor children of divorce are not adequately addressed.

This paper assumes that children's needs cannot be met without appropriate attention to family needs. Regardless of the formal structure of agencies, the whole family must be involved. The movement for children's rights may be an attractive cause, but enforcement of any rights must be tempered by the realities of available options, and children's rights must be reconciled with the needs and rights of other participants in the family drama.

Although this paper is particularly concerned with children of divorce, it is assumed that social policy should recognize the dangers of categorizing and stereotyping any one group. The fact that the parents of these children are divorced is only one descriptive characteristic; there are many others. For example, many families fit in the larger group of single-parent households, and children whose parents are separated are in a situation not too different. Many are poor, some are of minority groups, and some have a range of unmet emotional and educational needs. Furthermore, not all children of divorce have problems. A recent major study on problems of classification documents at length the dangers of labels and stereotypes that may do more harm than good.[4] Categories are often needed in social welfare, particularly as handles to funding, but if services can be effectively delivered in the context of universal entitlements, this is by far the better way.

The final assumption is that divorce should be instrumental in the achievement of a better life situation, not seen in an intrinsically negative way. This has validity both in individual and social context. The concept was well stated in the recent extensive British study (the Finer Committee Report) of one-parent families:

> Marriage breakdown is as inescapable a fact of life today as it was in the later Middle Ages. The stability of the family as an institution . . . depends in part upon a machinery which enables spouses whose marriages have failed to establish new unions. One-parent families are therefore not things apart: they are an integral product of the normal working of the institution of marriage.[5]

III. CURRENT DEMOGRAPHIC TRENDS

For some variables demographic data are uncertain or unclear, but this is not the case for divorce statistics. These data show a discernible trend over the last decade, and they warrant attention in program planning. The figures attest to a rapid upward trend in divorce, to an increasing percentage of divorces involving children under 18 years, to divorce at younger ages, and to a slight decline in the numbers of children per divorce.[6]

The Census Bureau has reported that divorces in 1975 jumped 6% over 1974 to 1,026,000, whereas marriages dropped by 4% to 2.1 million.[7] A total of 915,000 divorces, including annulments, were granted in 1973, 8% over the 1972 total, 18% higher than the 1971 figure, and more than double the 1963 total. The rate of divorces both for total population and per 1000 married females increased about 90% in the decade from 1963-73.

The figures on numbers of children involved in divorce have risen even more dramatically. In 1972 for the first time more than 1 million children were involved in divorce actions in a single year, and in 1973 the total was an estimated 1,079,000, or double the comparable figure for 1963. The average number of children per decree, however, declined from 1.36 in 1964 to 1.17 in 1973, probably a reflection both of the slight decline in median duration of marriage prior to divorce, and the general decline in family size. Perhaps the most significant statistic is that 60% of divorcing couples in 1973 had children under 18 years, in contrast to 44% in 1950. The child involvement rate for divorce per 1000 children under 18 was 2.3 in 1922, the first year for which these data were available, and it rose to 10.9 in 1969.

To analyze these trends, account must be taken of several variables that affect the data, including changes in birth and marriage rates, and the impact of growth and decline on the population groups in the child-rearing years. The high numbers involved in divorce reflect the increase in national population, and changes in composition in favor of subgroups in the vulnerable young adult years. But this accounts for only part of the differences. An analysis of changes from 1963 to 1969, based on hypothetical divorce rates adjusted to population changes, shows that 35% of the rise in divorce was the most that could be attributed in any year to changes in size and composition of the population, and for most years it was 20% to 27%. Conversely, the proportion of the rise in divorce rates attributable to social and psychological factors and not to population change, varied from 65% to 80%.

Although divorce data for adults have been kept systematically over the years, figures on children of divorce are not so available. In 1960, two tabulations were kept on divorces and annulments, one by number of children reported, and one by duration of marriage and number of children. These make it possible to establish the relationship of family size to divorce. The data show that the more children there are in a marriage, the less the likelihood of divorce. Another important finding is that divorce rates increased with the youth of the marriage partners. Almost one-fifth of divorced men and almost one-half of divorced women in the 1969 sample used for national estimates had married in their teens, and another 40% of men and 30% of women had married in their early 20s. Thus 60% of men and over 75% of women divorced in 1969 were married when they were less than 25 years old.

Data on ethnicity and divorce are limited and difficult to analyze, in part because there are differences in the racial composition of states in the sample that is used for national estimation. Approximations of rates for 16 states in 1969 showed the divorce rates per 1000 population to be almost equal by racial group, 2.9 for whites and 3.0 for blacks. There were fewer children per decree reported in 1963 for blacks (1.1) than for whites (1.3), but a higher number for interracial marriages (1.8).

Important regional differences are noted in divorce rates, reflecting state variations. In 1973, for example, divorce rates per 1000 population were 2.0 in the Northeast; 3.5 in the North Central states; 4.2 in the South; and 5.6 in the West. Some of the differences are due to "easy" divorce statutes, and establishment of temporary residences, as witness the rate of 18.5 in Nevada. Aside from this, however, there may be valid regional variations that relate to differences in culture, religion and life style. Analysis is hampered by the lack of comprehensive national data.

There are serious limitations on available data on children of divorce. The recommended Standard Record of Divorce or Annulment calls only for information on the "number of children under 18." Such vital data as age, sex, race, and custodial disposition are not included. One new item of information reported on children is the total number of living children, regardless of age. This helps sort out divorces of couples with grown children from those of couples who are childless. Couples with all children 18 years or older represent only about 5% of all divorcing couples. This proportion varies, being higher in the East and ranging from 9.3 in Maryland to 2.4 in Utah. The data show there is little to support the hypothesis that many parents wait to divorce until children are grown. Data on children involved in repeat divorces are not available; they must be inferred from data on remarriages. The more times the father and mother have been married, the fewer the average number of children per decree, and the larger the proportion of couples reporting no children. Since the statistics report only total number of children per divorce, regardless of number of marriages, it is not possible to sort out whether these children are of first, second or further marriages. Thus, patterns of stepchild relationships cannot be mapped from existing divorce data.

Even with their limitations, divorce statistics based on mandated reporting of legal actions provide the most reliable data. But they are sparse, since they do not inform on either economic, social or psychological circumstances of the event, and this limits analysis of the impact on children. Another approach to obtaining data pertinent to children of divorce is through differential analysis of the larger group into which they fall, temporarily at least--the single-parent, female-headed household. By partialing out information on divorced mothers from data on those who are widowed, separated, or were never married, it is possible to expand greatly the field of information on this subgroup. A major contribution has been made by Ross and Sawhill, in Time of Transition: The Growth of Families Headed by Women, in utilizing census data to formulate a model of family composition and marital instability, and then testing out certain hypotheses by using sample data from the University of Michigan's Panel Study of Income Dynamics.[8] The findings have implications for policy formulation; they also illuminate many gaps in available data.

Ross and Sawhill show that, over the last decade, female-headed families with children have increased almost 10 times as fast as two-parent families, and that increasingly the women who head families (with or without children) are divorced or separated (47% in 1974) rather than widowed (37% in 1974). They point to the late 1950s as the time when divorce and remarriage rates began to rise sharply, while first-marriage rates began to fall. By 1970 almost one of every five divorcees remarried within the year, with the mean time between divorce and remarriage about 5 to 6 years. This is one reason the authors treat the single-parent, female-headed household as being in "transition," and the policy implications are important in terms of short- vs. long-term supports.

Between 1960 and 1970 there was an increase in the population of 9% of children under 18, but the number living in one-parent families went up by 60%. Of the latter group, those experiencing divorce rose by 115%. More of the white children had a divorced parent, and more of the nonwhite children had a separated parent.

In seeking to predict marital stability or instability, Ross and Sawhill test hypotheses with reference to both income and independence of the marriage partners. They suggest that new economic opportunities for women are related to rising divorce rates, and they find male instability of employment to be a more important factor than level of income. They speculate that the present transitional period may lead to a restoration of "an ideological equilibrium to the marriage market," so that although divorce rates may continue to rise as women's economic opportunities continue to expand, "we would expect some eventual restabilization, accompanied by a redefinition of rights and responsibilities within marriage."[9] Barring this, a permanently higher level of marital dissolution can be anticipated.

Perhaps the major countervailing trend to higher marital dissolution is lower marriage rates. A Census Report on marital status and living arrangements from 1970-75 shows that the number of persons between 25 and 34 years of age who never married has increased substantially, from 2.9 to 4.2 million persons.[10] Furthermore, the number of persons in the young adult group living alone increased from 21.2% to 28.5%, indicating that marriage is not the only route out of the parental home. Evidence of fewer and later marriages and declining birth rates must be considered in predicting how many children will swell the current ranks of children of divorce.

IV. CUSTODY ISSUES AND CHANGING SOCIAL ATTITUDES

Recent years have seen substantial liberalization of divorce laws, with many states moving from an adversary position to "no-fault" divorce. How has the easing of divorce affected the children? As Inker and Perretta point out, "To abolish fault in divorce is not to abolish questions of custody."[11] The bitter litigation involved in contested custody cases can have serious effects on children, and decisions on custody, even if uncontested, shape living patterns for years to come. Public policy on children of divorce cannot ignore the issues in custody decisions.

Historically, there have been major shifts in the way custody was decided, but change does not always signify progress, and the problems are by no means resolved. The earlier doctrine of patria potestas, affirming the absolute rights of the father, gave way to the concept of "tender years," which, barring a finding of unfitness, typically placed young children with their mothers as the more appropriate nurturing parent. More recently the "best interests of the child" has become a principal basis for custody--the only problem being that of determining what is best. Now the "least detrimental alternative" has been proposed as a more cogent characterization of what should happen in custody cases. There are also a number of related issues. Since the decision "in re Gault," which extended due process to juveniles, the question has been raised as to who speaks for the child, and how children's rights can be protected in family conflicts when their parents are antagonists. The presumptive doctrine of priority for natural parents in custody proceedings has been called into question by those who stress the importance of the "psychological parent" as the preferred guardian. Where poverty is the setting, family law may be superseded by consideration of sources of support, such as the offer of a free home for the child as a basis for a custody award. Finally, jurisdictional conflicts among the different states feed into parental competition, and can make for "child-snatching," which can leave a train of disastrous experiences.

The controversies and contentions reflect some of the social trends that have impacted on children, and not always in ways that were anticipated. The women's movement, seeking liberation for females, has been challenged on such issues as alimony and child support, and faces the problem of seeking an equal position in the face of unequal circumstances. More fathers are asserting their readiness for child custody, and this may be coupled with a position against providing noncustodial support. Advocates of children's rights claim an independent stance for children, but offer few feasible options for care in view of the child's dependent status. These are some of the main issues needing policy attention.

Typically, program planners are encouraged to review available data as a basis for recommendations. With regard to custody, however, the field rests on "landmark decisions" and cited cases, and is entirely lacking in the most elementary kinds of empirical or descriptive datum. Since there is no central reporting of custody awards, and no followup on any representative sample of outcomes of decisions, there is little to go on to evaluate their validity. The body of experience and precedents on which judges decide represents the "state of the art," without reference to outcome for children.

There have been some efforts to counter problems of subjectivity and idiosyncrasy in custody decisions. In 1963, the Family Law Section of the American Bar Association approved a proposed model law that said "custody shall be awarded . . .

according to the best interests of the child," but it failed to suggest standards for determination of those interests.[12] The Michigan Child Custody Act of 1970, however, did suggest some flexible but meaningful criteria. The law supports the "best interests of the child" and considers the following:

a) the love, affection and other emotional ties existing between the competing parties and the child;

b) the capacity and disposition of competing parties to give the child love, affection and guidance and continuation of the educating and raising of the child in its religion or creed, if any;

c) the capacity and disposition of competing parties to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of this state in lieu of medical care, and other material needs;

d) the length of time the child has lived in a stable, satisfactory environment and the desirability of maintaining continuity;

e) the permanence, as a family unit, of the existing or proposed custodial home;

f) the moral fitness of the competing parties;

g) the mental and physical health of the competing parties;

h) the home, school and community record of the child;

i) the reasonable preference of the child, if the court deems the child to be of sufficient age to express preference; and

j) any other factor considered by the court to be relevant to a particular child custody dispute.[13]

The inclusion of the range of criteria compels our attention. In implementation, of course, many interpretations are possible, since cultural and social attitudes figure strongly in influencing decisions, as can be attested in cases of judicial awards. In an article entitled "Child Custody: Iowa Corn and the Avant Garde," the Painter case is discussed.[14] Here the "best interests" doctrine ruled for grandparents over the natural father, on the basis of psychological testimony regarding the nontraditional life style of the father. (Some years later the child returned to the father, and the move was not contested.) Recent controversial decisions have involved the "cultural advantages" to a child of father custody, and the problems arising from mother custody where the mother is lesbian. In the latter situation, decisions have gone different ways in different states.

Aside from the points of view of individual judges, there are areas of choice in which decisions depend on interpretation of many-faceted material. Among these are what weight to place on children's stated preferences, which may be unduly influenced or based on immature attitudes; and how to evaluate the "mental health" of a parent, in particular one who has received psychiatric services. External evidence is needed. Benedek and Benedek cite a program in one county of Michigan in which an investigation and recommendation to the court are made by a "friend of the court" social worker in every case involving minor children.[15] Inquiry is more intensive in the contested cases, and psychiatric evaluations may be made. If objections are raised, the court may order the "friend of the court" to hold a full referee hearing, conducted by experienced attorneys in a setting less inhibiting than the courthouse, at which participation of the extended family is encouraged. Referee recommendations and the reasoning behind them are available to all parties. With regard to this procedure, which is designed to encourage decisions based on evidence, Benedek and Benedek call for more willingness by behavioral scientists to participate in custody decisions, to commit their knowledge of child rearing and development to the scrutiny of the court, and to put their predictions "on the line."[16]

Related to custody issues, but expressed in a somewhat different way, is the issue of children's rights. In 1966 two Milwaukee family judges drew up a "Bill of Rights" for children of divorce. The first right states that a child "should be treated as an interested and affected person, and not as a pawn, possession or chattel of either or both parents." Other rights asserted include:

> the right to grow to maturity in that home environment which will best guarantee an opportunity for the child;
>
> the right to the day-by-day love, care, discipline and protection of the parent;
>
> the right to know the noncustodian parent and to have the benefit of such parent's love and guidance through adequate visitations;
>
> the right to the same opportunities for education that the child would have had if the family unit had not been broken; and

> the right to recognition that children involved in divorce are always disadvantaged parties and that the law must take affirmative steps to protect their welfare.[17]

One way to protect the child's interests is for the court to provide a guardian ad litem; another is for the child to be represented by his or her own attorney. Coughlin speaks strongly to the special rights of children for protection by the state by reason of their dependency, and asks whether children are not parties to a divorce action with special rights to be considered, regardless of the desires of the parents.[18] The movement for children's rights and for children's advocacy was a natural outgrowth of the thrust for civil liberties, and it has taken an antiauthoritarian stance. Kohler, for example, asks, "Who protects the child from his protectors, who guards against the guardians?"[19] She points out that divorce often plays out adult interests, and states:

> Child-centered divorce laws should be required to insure that the welfare of the children of the marriage is primary. . . . When parents were using the child against each other, the court would provide a nurturing and loving foster home and an adoptive family, under continuous professional supervision.[20]

This appears to be a simplistic version of reality. If indeed the court could perform such magic for the thousands of children with contesting parents who experience divorce each year, it would have powers as well to reconstruct a happy marriage. To use the child as a pawn is one unhappy aspect of the postdivorce relationship, but to assume that natural ties, not to mention financial responsibility, can be easily fulfilled through the social service system is indeed unreal. Furthermore, the crisis of divorce is followed by years in which children's needs may well be met. Here is where outcome data are needed, and where the doctrine of "least detrimental alternative" is more practical than "best interests."

A further issue calling for policy determination relates to conflicts of legal jurisdiction, which cause enormous hardship when state lines are crossed. In 1968 a Uniform Child Custody Jurisdiction Act was adopted by the Commission on Uniform State Laws, and approved by the American Bar Association, to curb the practice of "child-snatching."[21] Since custody decisions are open to change, feuding parents seek these changes in different jurisdictions, and for a noncustodial parent to take his or her own child across state lines is not kidnapping in the legal sense. Remedy is suggested through a "home state" criterion, so that jurisdiction will return to where the child has resided.

In addition to conflicting jurisdictions, welfare considerations may affect custody where there are different levels of support available. Kay and Philips, in "Poverty and the Law of Child Custody," raise some trenchant questions in this regard.[22] One problem is that the poor may lack funds for divorce, and thus resort to separation in a first marriage. Children of second unions, without benefit of marriage, are thereby disadvantaged and without legal support claims on unmarried fathers. A further problem arises when the offer of a free home is made by a non-custodial parent when the other parent is on welfare. The community, seeking to minimize costs, may try to gain a custody decision against the custodial parent. There have been such cases that, on appeal, tended to support the use of public funds to enable a child to remain with the parent who had been awarded legal custody. But the danger of reconsideration in a time of reduced public assistance does persist, and when contesting parents appear, the attractiveness of emotional attachment may well be countered by questions of financial solvency.

V. FINANCIAL PROBLEMS OF CHILDREN OF DIVORCE

It is a common misconception that divorce is a middle class phenomenon, and consensual union and separation are lower class modes. In fact, there is a series of studies that attest to an inverse relationship between socioeconomic status and marital instability and divorce.[23] As far back as the 1930s, for example, Schroeder analyzed a sample of 1163 cases from the complete divorce records of Peoria, Illinois, and found a positive correlation between divorce and "relief" cases of .61, and a negative correlation of divorce and average annual income of -.32.[24] Goode found similar results using sample survey data that relate to lower occupational groupings. With statistics on 1947 labor force characteristics for Detroit, he calculated an "Index of Proneness to Divorce, by Occupation," based on the ratio of the percent of divorced husbands in any given occupational group in the sample to the percent of males in that category in Metropolitan Detroit. Results were as follows:[25]

Index of Proneness to Divorce, by Occupation	
Professional and proprietary	67.7
Clerical, sales, service	83.2
Skilled, foremen	74.1
Semiskilled, operatives	126.1
Unskilled	179.7

Similar data were found for the other common socioeconomic states indicators of income and education, with variations in the relationships of divorce to socioeconomic status depending on the different weights given to the components by different investigators. In examining the class differential in relation to divorce rates, Goode calls the relationship a "rough" one, stating it is not necessarily direct, but mediates through other social and psychological areas. Instability of income, for example, may be more important than amount of income. A smaller gap between earnings of husband and wife may make divorce less threatening to the lower class groups. Similarly, there are fewer conflicts over property division in low income families. More recently, Ross and Sawhill, using data from the Michigan Panel Survey, concluded that instability of income, rather than level, was a major predictor of marital disruption, with separation rates being at least twice as high if there had been serious unemployment in the preceding 3 years. They also found that the greater the family assets, the less likelihood there was of a separation.[26]

The reiteration of the high prevalence of divorce among the poor is made to support the proposition that the majority of children of divorce have basic economic needs. The well publicized divorces of celebrities, with extravagant claims for child support, tend to blur this reality. In an attempt to cost out divorce for the "average man," the Community Council of Greater New York carefully worked out a budget for a postdivorce situation for a family of four living at a moderate standard.[27] The hypothetical family of husband, wife and two young children lived in a modest rent-controlled apartment, owned no car, and went out to dinner once every 5 weeks. Before the divorce, the husband supported the family on a net income of $9768. After the divorce, with his move to minimal separate quarters and no frills, he needs a net income of $12,039, or 25% more, to maintain and support the family, without the wife working. If she works, child care will have to be provided. And if he wishes to remarry, he cannot take on a new family without financially abandoning the old.

Relevant data on the actual situations of divorced families have been derived from the Michigan Study of Income Dynamics, to which reference has been made. Smith, in an analysis of a subgroup of one-parent family heads who remained in single-parent status over 6 years, found that divorced parents had higher family incomes than widowed, separated, and single parents for both 1967 and 1973, and were employed more than those in the other groups. The annual mean income of the divorcees, however, leaves something to be desired. It was $7887 in 1973, in spite of the fact that (in 1974) 72% were employed full or part time.[28] Further data from the same panel study show that 47% of divorced female heads receive no alimony or child support income, and that the median amount received by those who do is about $1350 a year.[29]

The entire issue of child support needs reexamination. Reasons for acknowledged noncompliance vary, including alleged inability of the father to pay, the high cost of collecting, possible pro-male bias of courts, and women's desire to be free of obligations to the men. High remarriage and new family commitments, with a complicated succession of steprelationships, are part of the reason that support payments break down and fathers give priority to current responsibilities. Public policy has been activated in search for putative fathers and support for children on welfare, but nonwelfare mothers have many of the same needs without the cushion of public support. The Congressional Report of the Subcommittee on Fiscal Policy has stated the issue well:

> In order to deal with the child support problem, Congress must learn more about its dimensions and sources and must explore all policy alternatives. Until effective child support measures are enacted and enforced, the burden of supporting children in the rising number of fatherless families will continue to fall disproportionately on mothers raising children alone and on taxpayers financing income maintenance programs.[30]

The problem, however, is more basic than one of collection of child support, or punitive action for delinquent fathers. In Great Britain a major systematic study of female-headed households concluded that the primary needs of such families are economic. Discussing problems of assessment of maintenance where partners are divorced, the Finer Committee Report succinctly states that in no court has the law "found the method of extracting more than a pint from a pint pot."[31] The committee proposes a new noncontributory social security benefit for one-parent families, a "Guaranteed Maintenance Allowance" (GMA). All one-parent families with either a mother or father as head and day-to-day child responsibilities should be entitled to such benefits, which would be made for 3-month periods without regard to income insofar as the child portion is concerned, and with differential payments according to formula for the adult portion. Payment would cease on marriage or cohabitation.[32] The present situation with regard to income maintenance in the United States, and the lack of enthusiasm for children's allowances, make it doubtful that such payments as GMA would be politically acceptable. The proposal, however, calls attention to the problems of providing support for children of divorce, who do suffer deprivation when their parents' wage base must do double duty.

VI. SUPPLEMENTARY SERVICES

Given the economic pressures on families where divorce has occurred, it is logical to assume that divorced women with children will be forced to enter the labor force, if they are not already working. This raises the need for child care services, including both day care and after-school care, to free the mother. Among other kinds of facility and service needed are housing and homemakers.

The United States lags behind most other Western and Eastern European countries in its acceptance of social responsibility for child care, to enable women to work and families to function. Of about 21 million children under the age of 6 in this country, over 6 million are children of working mothers. Estimates in 1974 were that about 1.3 million children were in licensed full-day day care centers, Head Start, or family day care, and about 1.7 million were in informal out-of-home care, according to Kammerman. Taking account of the numbers of children in part-time care, Kammerman estimates that there is a need for 2.7 million to 3 million additional day care places to meet the needs of working mothers with children under 6, and others with handicapped and disadvantaged children.[33] Whether day care expands or contracts will affect the divorced parent with young children. For a father, day care may make custody possible; for a mother, it may be an alternative to welfare.

Other services are particularly needed by the single parent who copes alone with child-rearing problems. Homemaker services could in many cases prevent entry of children into foster care when the single parent is ill or incapacitated. Stringer, for example, reports on homemaker services that enabled a divorced mother with young children to complete vocational training and become self-supporting.[34] And the Children's Aid Society of Vancouver reports on "Mothers' Help Projects" in which heavy-duty cleaners and handymen were made available to single mothers.

Housing is often a need as newly divorced parents seek to economize and live in smaller quarters. "Going home to mother" ("subfamily") is not a popular solution. The national rise in female-headed households cannot be attributed to a decline in husband-wife households, but rather to a decline in the percent of subfamilies in the total: Lerman states that, among women living with their own children under 18 but not with a husband, the share heading subfamilies fell from 33% in 1950 to 13% in 1972, with a corresponding rise in the share heading families from 67 to 87%.[35] This propensity to form and maintain separate households is true not only for divorced parents, but for young adults and the aged.

Where to find appropriate housing when there are children involved, however, creates added problems for the nonaffluent single parent.

Several countries have experimented with special facilities for such families, often as a transitional phase for retraining and developing independent living. In Canada, for example, with the assistance of a grant from the Provincial Government, the Vancouver YWCA administers cooperative homes for single mothers, in which mothers and children share housing and live economically and communally. It is useful to observe these experiments, but they are hard to replicate here, since they are often tied into a coordinated social welfare system. In the United States such projects are hard to come by in part because of the fragmented nature of services. Public housing projects have their fill of single-parent welfare families, but these settings often have a residual and end-of-the-road aspect, rather than that of social experimentation.

One example of an attempt to integrate housing with social services for the single-parent family, including the divorced, is the Maud Booth Family Center in California, of particular interest because of its voluntary auspices and its assumption of a transitional setting to aid in independent living. Opened in 1970, the center is a pioneering program by the Volunteers of America, designed to help one-parent families by providing them with low-cost housing, child day care, specialized counseling, and vocational guidance. It operates within a 477-unit apartment complex, and selects about 150 single-parent families to make up about one-third of all residents. Day care is provided for children from 2 to 12 in parents' working or training hours, counseling is available, vocational guidance is stressed, and the entire thrust is for self-support and self-understanding. According to the director, housing and child care are basic, but casework counseling is the key service that enables program coordination and identifies needs for intensive intervention. Since staff is limited, referrals are often used. The director also expresses the need to measure the effectiveness of the program, and regrets the lack of research funds.[36]

Special service programs for single parents, including divorced, have been tried in nonresidential settings. The Single Parent Family Project of the Community Service Society in New York City, for example, seeks to gather information about single-parent needs and to develop pilot service projects. A summer camp experience for single mothers and their children was provided. Most of the children of divorce live in families that need supplementary services at least during a transitional period. The extent to which these services should be offered selectively to single-parent families, or be part of a universal service system, is not clear. Perhaps the answer lies in the extent to which divorced families are accepted. If access is limited, then special programs may be needed.

VII. COUNSELING AND THERAPEUTIC SERVICES

Any computer search of the literature in child welfare or child development based on the key word "divorce" will produce numerous references to the emotional and psychological impact of parental separation on children. To offset this, some experts seek to legitimate divorce by reminding parents of the effects on children of unhappy intact homes. Nye, for example, said that to ask about the effects of divorce on children is to ask the wrong question; instead one should compare malfunctioning marriages with and without divorce. He reported less deviant behavior in children of divorce or separation than in those living in intact homes that were in chronic conflict.[37] Other specialists believe there is insufficient use of professional help in divorce, partly because society has come to view it as achievable with relative emotional ease since it is so frequent.[38]

Some of the areas for traditional clinical concern in working with children of divorce are suggested by Gardner, who says that children's reactions may be denial, depression and regression, and that therapists must help children to express angry feelings. Although children may feel guilty or idealize the absent parent, on the whole he believes, "most children whose parents divorce are not in need of therapy. . . . Those who do require therapy . . . generally had problems before, and the divorce has served merely as a precipitatory event."[39] A different path toward normalizing the divorce situation is the suggestion that pediatricians have a special role in counseling mothers and calling attention to the impact on children. Although not negating the need for concern, placing the responsibility on the pediatrician rather than the psychiatrist tends to be a universal, low-key approach.[40]

Another approach to the impact of divorce on children has been to study it in a demographic rather than clinical context. Thus, in analyzing social problems such as delinquency, the investigator uses divorce as an independent variable to explain behavior. McDermott, for example, examined intake records from 1961-64 of 1487 children up to age 14 at the University of Michigan Children's Psychiatric Hospital, and found 116 children of divorce, fewer than 10%. These children expressed feelings of being small, weak and powerless, and they tended to show more delinquent, acting-out behavior, depression and poorer school achievement than would be expected.[41] Since this research is based on children seen in a psychiatric clinic, it cannot be generalized to all children of divorced parents. Monahan studied the relationship between specific types of broken homes and delinquency rates, by race and sex. Although he found a high delinquency rate for children from all types of broken homes, when he looked at these separately by categories, children of divorce had low delinquency rates. Of 44,448 cases of juvenile delinquents, 22% of the white youngsters and 49% of the blacks came from broken homes, but only 6% of the whites and 2% of the blacks had divorced parents.[42]

In an attempt to explore the impact of the fatherless home on boys, Herzog and Sudia reviewed 400 studies, and considered 60 in some detail.[43] The relevance of this material for the present paper is limited, since divorce as a reason for father absence was not isolated from all other reasons, and the definitions of variables were not uniform from one analyzed study to the next. The review, however, is a useful compendium on an aspect of child development research, and it produced one important insight with regard to divorce. The authors divided the "reasons for absence" of fathers into these groups: those that are "socially sanctioned or even honored," and those that "carry, or are assumed to carry, some degree of social disapproval." The former includes military service and business obligations. Death is not stigmatized. The authors then state, "Among the socially disapproved or deplored reasons for father absence are divorce, separation, desertion, nonmarriage, incarceration or institutionalization."[44] Thus, from the studies reviewed, Herzog and Sudia reported in 1970 that divorce is conceptualized in a category that includes jail, desertion and out-of-wedlock status. This reflected attitudes at that time, and these may have changed in recent years, and would vary by locality, class and religion. There is also a largely unexplored area on attitudes to children of divorce where the father is the custodial parent.

Just as national data on legal aspects of divorce are too meager to be useful in developing custody trends, the psychological material available is weak, reporting only fragmentary data on the life experiences of children of divorce. In the past there have been few studies based on a nonpathological sample, and research has not been appropriately followed up. At present one major project is systematically studying a normal group of children whose parents were divorced, and undertaking a followup. This important work of Wallerstein and Kelly, the "Children of Divorce Project," is exploring the effects of parental divorce on a sample of 131 children of 60 families in Marin County, California.[45] A crucial aspect of the investigation is that it is age-related, and incorporates phase-specific study of children at four developmental periods: preschool, early latency, late latency, and adolescence. Subjects were referred clients and volunteers from persons who filed for divorce in Marin County. They were offered a 6-week counseling period and invited to return for followup and postcounseling after 12 to 18 months. Preliminary findings, reported in a series of professional papers, show intensity and duration of children's responses, and their level of psychological functioning initially and at the time of the followup. Different capacities to integrate the divorce experience are reported for different age groups, and these relate to developmental needs and personality structures. Because the assimilation of divorce changes is a process that may extend over several years, the investigators plan a 4-year followup as well. The findings of this study will have implications for both custody arrangements and divorce-related treatment.

The psychological approach to child custody in *Beyond the Best Interests of the Child*[46] is related to the unique components of the divorce situation. Goldstein, Freud and Solnit, in that widely read book, suggest the "least detrimental alternative" as a criterion for placement, and stress the importance of the "psychological parent" as the appropriate child caring person. Citing children's sense of the passage of time as far longer than adults', and children's need for certainty, the authors recommend fast decisions, final and unconditional custody, and a single custodial parent with authority to determine visitation, if any. They state:

> Children have difficulty in relating positively to, profiting from, and maintaining the contact with two psychological parents who are not in positive contact with each other. Loyalty conflicts are common and normal under such conditions and may have devastating consequences by destroying the child's positive relationships to both parents. A "visiting" or "visited" parent has little chance to serve as a true object of love, trust and identification, since this role is based on his being available on an uninterrupted day-to-day basis.
>
> Once it is determined who will be the custodial parent,* it is that parent, not the court, who must decide under what conditions he or she wishes to raise the child. Thus, the noncustodial parent should have no legally enforceable right to visit the child, and the custodial parent should have the right to decide whether it is desirable for the child to have such visits.

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*This determination may be made either by agreement between the divorcing parents or by the court in the event each claims custody.[47]

How realistic is the position of Beyond the Best Interests of the Child? Can the formulation of "psychological parent" be applied directly to the complex social problem of divorce? There is clinical evidence that seems not to support this principle, and reports high persistence of longing, missing, seeking and fantasying on the part of children with regard to a nonvisiting parent. In a critical review of Beyond the Best Interests Kadushin, writing from a child welfare perspective, notes that the authors ignore social work experience, administration and practice; disregard the latent conflict between two of the proposed guidelines, "continuity" and "being wanted"; recognize only one set of rights--the child's--in an arena of many actors; do not offer any operational criteria to measure the central concept of "psychological parenting"; do not give appropriate recognition to adolescent problems; and ignore the effects that weakening parental rights will have on parental responsibilities.[48]

Contrary to the proposal to identify a single "psychological parent," workers in the field have suggested "aggressive" or "assertive" casework to bring services to the attention of the noncustodial parent. Kushner maintains that in divorce situations the absent parent, usually the father, has been neglected by social workers, and affirms the father's right to be involved with his children. She feels that it is necessary to obtain consent of the custodial parent to this involvement, but suggests that the worker initiate contact, rather than the mother or father. She sees contact with the noncustodial parent as a way of maintaining a reality level for the child and helping to strengthen the role of the absent father.[49] Leader goes even further and suggests including the divorced or separated father in family therapy situations. Such involvement, he maintains, could help participants examine how old wounds affect existing roles and ties, and to work through the ambivalent feelings with regard to continuing interaction between children and fathers.[50]

An effort to set the therapeutic issues related to divorce within a social context is suggested by Tooley. She reports cases in which young sons, following divorce, manifest antisocial behavior, and suggests that what has been labeled delinquent may be the response of children to the threats they perceive from the outside world. Therapists dealing with mothers and children experiencing divorce should recognize the reality of the new situation, and enable mothers to assume new roles, including coping with children's reactions. Rather than quickly moving to diagnoses of child pathology, she states:

> We urge consideration of the problems of a woman raising her children alone. Both mother and children convey a lonely conviction that the larger society does not value

them, and will not protect them. In this growing matriarchal subculture, this conviction might well constitute a source of deep social alienation that cuts across economic and racial lines, and predates the patriarchal problems of King Oedipus by several millenia.[51]

Another approach to therapeutic intervention in divorce is the route of court-related counseling. This is not new--there are numerous examples of services related to judicial proceedings. In 1958, for example, two innovative projects with special concerns for children of divorce were initiated, one on the East Coast and one on the West Coast. In Maine, the State Department of Health and Welfare and the Superior Court undertook a year-long project in one county to provide casework services to families in divorce actions where children were involved.[52] The U.S. Children's Bureau approved use of federal grant-in-aid funds for the project. Not only were services related to the divorce action, such as custody and visitation, but the help offered went to all aspects of family life, to enable better planning for children. Because referrals were made for the entire population of divorced parents with children, services reached all levels of need. The California project used voluntary, rather than public, agencies, but also had a broad approach to needs of families and children.[53] In that case the San Bernadino County Council of Community Services designed and sponsored a Divorce Project, in which the names of divorcing parents were made available to the Family Service Agency through cooperation with the County Bar Association and the Superior Court. These parents were then offered counseling services. Support was made available through the State Department of Social Welfare, augmented by local funds. Both projects report positive results in terms of helping plan for children.

The rising divorce rate and the accompanying concerns have led some communities in the direction of compulsory use of conciliation--a movement that has had very limited success and in some cases has already been abandoned. A more appropriate use of court-related facilities occurs where the compulsory element is absent, and help is not contingent on reconciliation. One such effort, a "postdivorce clinic," was reported by Sheffner and Suarez as operating in Los Angeles.[54] This involves the staff of the legal psychiatry section of the UCLA Department of Psychiatry, and the domestic relations branch of the Los Angeles County Supreme Court. Behavioral scientists act as advisers to the court and conduct a clinic for postdivorce help. Because they can enter cases after the legal separation, they often deal with problems of remarriage and stepchild relationships. The authors state, "Although we attempt to focus treatment on the totality of the situation, our basic therapeutic loyalties are to the children."[55] In summation, court-related services are a mosaic of intervention patterns, with 50 states providing a complicated network of legal channels for both divorce and custody procedures.

VIII. PEER GROUP SUPPORTS

Self-help and peer group supports are important responses to human problems. In the community, such organizations typically grew from shared ethnic, racial, religious or national traditions. In addition, such groups became important resources for persons sharing problems and afflictions, such as parents of handicapped children. The civil rights movement had far-reaching consequences in promoting grass-roots organization, as did the consumer movement and the demand for "maximum feasible participation" in community action. Divorced persons with children quickly responded in 1957 to an advertisement in the New York Times for a gathering of others like themselves, and a new organization, Parents Without Partners, was born. The growth has been phenomenal, with membership in the United States and Canada reported to be 127,000 single parents in 850 chapters; international affiliations; and a monthly magazine, The Single Parent.[56] Children's groups, teen-age groups, and social, educational and recreational functions are all part of the activities. According to their publication, Parents Without Partners is not a dating or marriage bureau. It was established and organized "to develop and provide a broad, comprehensive program for the enlightenment and guidance of parents who do not have partners, and their children, on the special problems they encounter, and for assistance on the various readjustments involved."[57]

Although PWP led the way, other groups have followed, and represent a range of political and social ideologies. On the West Coast, two college-educated women began Momma, an organization for single mothers, which now reports about 50 groups across the country and publishes a monthly magazine with a 15,000 printing. They see their organization as ". . . a place to share the goings-on in our lives--our feelings/problems/solutions/alternatives/our practical ideas, living arrangements, concerns about our kids, men, job, our futures and our hopes." A more feminist orientation is apparent than in PWP. In a newspaper interview a Momma spokesman said, "We're not at all like PWP. Their obsession is whether you kiss on the first date or not."[58]

Some of the peer group associations can be distinguished by sex orientation.[59] Many groups relate specifically to either men or women, and give support in the divorce crisis. Among these are Women in Transition (Philadelphia), which offers 4-week support and discussion groups to help participants through the transitional period; Women Pro Se (Milwaukee), which helps those further along in the divorce process; the Women's Divorce Cooperative (Seattle); and the Women's Legal Center (San Francisco). For the men, there are the American Divorce Association for Men (Chicago); Equal Rights for Fathers (California); Fathers United for Equal Justice (Massachusetts); Fathers United for Equal Rights (Baltimore); and United States Divorce Reform (Pennsylvania). The name of the group is often indicative of its stance, and several name changes have occurred. The Association of One-Parent Families (London), for example, was the National Council for the Unmarried Mother and Her Child until it opened its doors to divorced and separated men and women in 1973.

What do the peer groups do for children of divorce? How do they relate to the traditional social services? One aspect of their functioning is an advocacy, self-interest position. In the case of some of the men's groups, for example, there are movements concerned with alimony reductions, legal issues and custody rights. Some of the women's groups are transitional and relate only to the divorce action. PWP reports its average length of membership as 2 years. Many self-help groups, however, report they are centers of social, educational and psychological support for the disrupted family, including the children. They provide an informal support system, which has not been systematically evaluated.

IX. STEPCHILDREN OF DIVORCE

The one-parent family has been described as a family in transition, presumably until remarriage. But remarriage doesn't produce two-parent families for the children. Instead, it produces stepchildren, possibly on both sides, and a whole new complex set of kin relationships with which children must cope. This is essentially an uncharted field in terms of knowledge of steprelationships, needs of stepchildren, stepparents and stepsiblings.

Much prejudice is evidenced in the earlier writings on steprelationships. In 1955 Podolsky sounded a dour note when he said, "The stepmother's lot is not a happy one."[60] He went on to say that when the child feels he is being crowded out of the affection of the real parent by the stepparent, it makes little difference how good she is; he will turn against her.[61] It was in part to counteract the "wicked stepmother" ideology of the Cinderella story that Simon wrote "Stepchild in the Family."[62]

There have been few systematic studies of stepchildren, and minimal discussion in the clinical literature. In her extensive study of over 2000 remarriages, Bernard considered the attitudes of stepparents to their spouses' children and found that very young and quite grown children tend to assimilate the new parent more easily than do the adolescents.[63] Fast and Cain report clinical observations on uncertain roles for stepchildren, and problems when they act as go-betweens with parents.[64] If there is little contact with the noncustodial parent after remarriage, according to Bitterman, feelings of abandonment may be increased.[65]

Movement away from the focus on individual pathology and interpersonal conflict, toward looking at structural changes in family situations and working with these, is suggested by Levine.[66] She proposes viewing divorce as a group rather than an individual phenomenon, avoiding a "tragic" stance and seeking to strengthen adaptive behavior. Several terms are suggested to describe the new institutional form and avoid the stigma of the "step" designation: e.g., "multimarriage," "blended," "reconstituted," "sequential" or "combination" family. When structural changes are specified, there is a framework for helping the family and identifying emotional reactions to those changes, rather than probing pathology and conflict. A further need is to influence community attitudes to accept the new form of family.

In discussing social work implications of new trends in family life, Brieland puts great stress on the needs of the reconstituted family.[67] Using demographic trends, he points to the high level of remarriage, and suggests that a useful function for the field of marriage counseling is to prepare persons for the second marriage, including the roles of new parenthood and new multimarriage situations. This would represent a constructive and preventive service, whereas the focus on first marriage and compulsory reconciliation has had limited success and may be counter to obvious social trends.

A different approach is to view remarriage as a special case of a broader kinship grouping. For example, Claven and Vatter write about the concept of the affiliated kin structure where "voluntary commitment to responsibility for one another within the unit is the single basic criterion."[68] Sussman and Burchinal maintain that it is a myth that the urban family is independent of the kin network, speaking instead of "emergent urban familism" or the "modified extended family" in the modern community.[69]

Instead of conceptualizing the multimarriage family as a pathological version of the nuclear family, with attendant problems, it can be treated as one category of the affiliated kin structure, with perceptible roles, responsibilities and affectional ties. Mead has asked whether there shouldn't be new words to describe these new kinships.[70] Children need words, for example, to refer to "the former wife of my mother's husband," or "the children of my father's wife." Many primitive people do better than we do in describing these relationships. For children of divorce and remarriage, this approach should strengthen, rather than attenuate, a sense of family support.

X. IDENTIFIED NEEDS AND STRATEGIES

A broad perspective has been given to the needs of children of divorce, since the problems are interrelated and there are multiple opportunities for intervention. Data are essential to sound policy and planning, and a review of divorce statistics reveals little information about the children experiencing divorce. Only two statistics are known: total number of children, and number per family. Three or four additional items would give a better data base for understanding and planning. These are: the ages of the children; their sex; the custody disposition; and whether they are biological children or adopted children of the parties in the divorce. It is recommended that the possibility of obtaining such data for children in the Divorce Registration Area be explored through channels with the National Center for Health Statistics.

Custody procedures and decisions are central to the divorce crisis, and the nurturing function of the family cannot be effective in an atmosphere of parental conflict. The judicial criteria for custody, barring extreme findings of "unfitness," have moved from *patria potestas* to "tender years" to "best interests of the child," and now are approaching the "least detrimental alternative." The recent interest in the "psychological parent" has had substantial influence in court proceedings. The literature deals with psychiatric theories and case decisions, but there are no empirical data or operationalized criteria for decision making, and no outcome data to test the efficacy of the decisions themselves. Treatment persons are utilized in the counseling of clients, but with few exceptions behavioral scientists are not involved in studying the process and outcome of custody decisions and their aftermath. Yet these affect a million additional children each year, and have potentially harmful effects on the familial ecological system.

It would be helpful to initiate a series of custody-related studies to provide empirical data for programmatic recommendations to the legal system and its counseling components. Among the critical areas to explore are:

a) A review of decisions in contested custody cases, to seek criteria suitable for systematic and operational use.

b) A study of father child-rearing and coping patterns in motherless homes, and the impact on children. These data are needed in view of the trend toward increasing numbers of father-custody decisions.

c) A study of outcome data for children reared in gay and lesbian settings, in view of the contested custody cases now before the courts.

d) An empirical study to test the "psychological parent" theory, and the concept of single custody with all rights going to the custodial parent. Does this work out in actual situations, and what is the impact on the child of unilateral and nonreversible decisions?

The phenomenon of divorce occurs at all socioeconomic levels, although the financial hardship falls most heavily on the working poor and the lower middle class. No matter how harsh the penalty or strict the enforcement, a single moderate income cannot stretch to support two households, thus causing problems for the children in loss of level of living as well as loss of the presence of both parents. Ways must be found to bolster the economic position of both parties to the divorce and thereby avoid total dependence and recourse to public assistance. The Congressional Subcommittee on Fiscal Policy has called for increased study by Congress of the dimensions of the child-support problem, and explorations of policy alternatives.[71] It would be helpful to initiate a study that would deal with specific proposals for improving capacity to pay support, as well as providing incentives to do so.

The tax structure, in particular, needs review. The fact that alimony is tax deductible, but not child support, should be analyzed in terms of its effect on payments. Where support payments are not more than one-half of total support, there is no dependency deduction for the noncustodial parent. There are precedents for use of the tax system to recognize particular hardship cases or special situations. Tax deductions are allowable for a range of business expenses and for large medical expenses. Double allowances in the case of handicaps are allowable. Up to a generous family income limit, child care deductions for the working mother are allowable. It is recommended that a feasibility study be made of the impact of tax allowances for child support, for families with a total income upper limit comparable to that for which child care deductions for working mothers are allowed. Such relief could result in either double exemption or nontaxable income, and could be allowed upon proof by the taxpayer that support payments had been made. There are limitations to a proposal for tax relief: it does not help the poor who pay no taxes, and it does imply a social reward for divorcing parents. The latter factor is not likely to be significant in decision making, and for the working poor with reported income, compensation could be handled under a negative tax concept. The proposal, if technically practical, would recognize dual families as an economic burden, and give some financial incentive for fulfillment of support obligations.

A more direct means of bolstering income, such as a universal system of children's allowances, would be a preferred social welfare policy. Children's allowances would have the advantage of recognizing the need for child support regardless of parental status, by including poor children of large intact families, children of single unmarried parents, and children of widows and widowers who had not been in covered employment, as well as children of divorced parents. Studies have shown the impact such a program would have on reducing the number of children who fall in the "poverty" range.[72] The Finer proposal for a Guaranteed Maintenance Allowance for single parents, if applied in the United States, would reach fewer children than the universal Children's Allowance system, but would represent a program of direct relief to the group in need. If neither proposal appears to be politically feasible at present, in view of the economy and pressures to reduce, rather than liberalize, income maintenance, social security, pension and welfare benefits, then recourse to the tax system for relief might be the most promising way to give incentives for maintaining support payments. It is a move that, to use the Finer analogy, might squeeze a few more ounces from the "pint pot."

The need for supplementary services to allow single-parent families to function independently is apparent, but within that overall category, children of divorce tend to be less disadvantaged economically than do those from other groups, and it is hard to justify special services for them that would not also be available to children of families where the only parent is widowed, separated or never married. Furthermore, the divorce status tends to be transitional, and there are substantial changes in marital status in the 2 or 3 subsequent years. Instead of earmarked services for divorced families, it is recommended that programs to expand services to single parents be strengthened. These include day care, homemaker services, and housing. Existing projects such as the Maud Booth Center, which links housing, child care, vocational training and counseling, should be evaluated and, if they are effectively moving single-parent families to independent functioning, expanded. Children of divorce will benefit through such demonstration projects, together with children of other single-parent families. With regard to the broader issue of whether any services should be offered selectively to single-parent families, or all services should be part of a universal system, there is no absolute answer. One criterion may be the extent to which divorced families are socially accepted. If they are treated as a deviant group, special programs may be needed to allow them access. If access is open and services available to all as needed, it would seem that the dangers of labeling and stereotyping children of divorce are minimized, and that entry into the mainstream of service programs is the more desirable route.

Clinical data on children of divorce have been unduly derived from children seen in psychiatric settings because of severe problems. The Wallerstein and Kelly research, which has been reported,[73] is innovative in that it is based on a normal, if self-referred, sample. The age-related findings can be analyzed against normative developmental data. However, the sample is small, white and middle-class, and the findings may therefore not be generalizable to children of other groups. It is recommended that this study, which views children in depth and with followup interviews, be replicated in other settings. There is need to know how typical are the reactions to divorce, and how well and with what supports the divorce crises can be coped with and integrated.

Court-related counseling has been referred to as a mosaic of varied patterns, and this is a function of the many kinds of divorce law and court procedure. There is uncertainty as to whether conciliation should be the goal, or counseling should free individuals to determine their own future. The question of who is the primary client is not clear, nor whether the counseling is crisis related or long term. With innovative patterns being developed in some states, such as California and Wisconsin, it is recommended that a study of court-related counseling and its outcomes be undertaken, with appropriate followup. Just as a Uniform Divorce Law or Uniform Child Custody Law can be developed and used as a model, so a model of counseling and services can be developed, as a guide for national implementation.[74]

The review of the peer organizations revealed a new phenomenon of self-help groups developing networks, which then became large bureaucratic organizations. We know that there is a substantial turnover in memberships in self-help groups, but we do not know if this is because they are ineffective and fail to meet needs, or are effective and problems are resolved. But since the organizations themselves persist and grow, they must meet some conception of need. Most of the groups reported in the literature in the United States appear to be white and middle class. Are the techniques used feasible for minority groups, for poor families, for those without higher education? Can such groups function in relation to the world of work, can they be parts of trade unions or tenant groups? Or does the fact that the self-help group is organized in relation to marital status and personal needs close out economic or ethnic concerns? Furthermore, do the self-help groups relate to children's needs as such, or only in passing, with the primary concern being for the single parent?

It is recommended that a systematic analysis of the strengths of the self-help groups be made, to be followed by a demonstration project in a setting typically not reached by these organizations, to see if the techniques are transferable. Although "help" to develop "self-help" may appear to be a contradiction in terms, it is at the core of many community action programs, of the Peace Corps and of Vista. Some of these efforts have failed; others have generated continuing activities. A demonstration project would clarify whether this is a fruitful way to work.

The analysis of steprelationships and new kinship forms came as the final substantive area in the paper, and advisedly so. This discussion looks to the future, and to the time when it may be considered as customary for a child to have experienced parental divorce as to be living with both biological parents, and step-relations will be accepted in family groups in as ordinary a fashion as are in-laws. It is recommended that empirical studies of new family forms arising from steprelationships be conducted. Research utilization of findings should include development of new social work interventions, and production of curriculum and training materials to help professionals serve these new clients. As noted, steprelationships should be conceptualized as new kinship structures, rather than as "broken" or pathological versions of nuclear families. If divorce is here to stay, at least children of divorce should have the supports they need to grow and thrive.

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RIGHTS OF NEGLECTED CHILDREN AND ATTEMPTS BY THE STATE TO REGULATE FAMILY RELATIONSHIPS

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In attempts by the state to regulate familial relationships, the rights of parents, children and frequently third parties are necessarily interrelated. This interdependence is particularly pronounced when problems concerning the physical or legal custody of a child arise.

The United States Supreme Court has, in recent years, decided cases challenging some aspect of child custody or "substitute parenting activities" of the state.[1] But the court has yet to formulate norms about the permissible nature and scope of such substitute parenting, or about how custody decisions are to be made, or about criteria to control those decisions.

Yet it is widely acknowledged that in many cases the present system of state intervention, instead of working as envisioned, actually harms parents and/or children.[2] State intervention is usually criticized for one of three reasons: 1) Children are removed from their homes when they might remain in them if adequate efforts were made to protect and maintain them there.[3] 2) Children remain in foster care for long periods of time and are subject to multiple placements. 3) Children who cannot be returned to their parents are not placed in new permanent homes.

HOW THE EXISTING SYSTEM WORKS

All states have statutes authorizing court intervention into families, generally where children are alleged to be neglected.[4] These statutes usually focus on parental behavior rather than on measurable[5] harm to the child.[6] Proceedings are instituted by a complaint from some interested party[7] to any one of a number of social agencies--the police, the probation department, the welfare department--that a child is not being cared for properly. The complaint is investigated, generally by a social worker attached to the welfare or human services department. The investigating agency can drop the matter, convince the accused parents to voluntarily accept social services (including foster care placement for their children)[8] or file a neglect petition in a juvenile court.

If the agency petitions, the child is often placed in a foster home pending adjudication of the petition.[9] Such temporary placement can last for years; few states place a statutory limit on it.[10]

Neglect hearings are usually informal.[11] Typically, none of the parties is represented by counsel[12] and if anyone is represented, it is the state.[13] And generally, the hearing focuses on what placement should be arranged, rather than on whether anything should be done.[14]

If a child is found to be neglected,[15] a court can either order the child placed (or continued) in foster care, or leave the child with his parents and mandate that the parents accept remediative social services. Guidelines for such dispositional decisions are usually vague, if they exist at all.[16] And if the court decides to remove the child from his parents' home, the actual foster care placement decision is made not by the court, but by a social agency to which the court remands the child for "appropriate placement."[17] Some social agencies resist court review of their placement decisions once a child is remanded to them.[18] And most states do not specifically provide how long such placements should continue.[19] Only two states, New York and South Carolina,[20] provide for regular review of children in foster care with the purpose of either returning them to their parents or terminating their parents' custody so that another permanent home can be found for them.[21]

Available data indicate that about 50% of neglect proceedings result in removal of the child from his natural parents' home.[22] And unless parental rights to custody are terminated permanently,[23] such removal is ostensibly temporary.

It has been pointed out that foster care, although intended to be temporary, is often permanent;[24] that many children are likely to experience multiple separations and placements;[25] and that, for most children, there is an unplanned and unpredictable quality about the way the foster care system treats them.[26]

Also, although there is virtually universal agreement that all children need continuity in relationships with parents (biological or psychological); need to feel wanted and accepted; and need to have some sense that there is a dependable, regular quality to the world,[27] it is acknowledged that children in foster care usually spend long periods in a state of impermanence, uncertain about their future, and are often exposed to multiple separations.[28] There is a marked clinical consensus about the negative impact of growing up, as foster children do, in a state of "permanent impermanence."[29]

It should be noted here, however, that the evidence is not all one-sided. Several studies have found that some children have significantly improved physical health, behavior control, school performance and peer relationships following multiple foster home placement.[30]

It is usually believed that many of the problems presented by the foster care system stem from inadequate funding of social service programs[31] and yet, at least one commentator has suggested that additional funds alone will not solve the problem--that "fundamental rethinking of the assumptions of the entire intervention system is necessary."[32]

GUIDING PRINCIPLES

This paper focuses on coercive state intervention. The need for more services, available on a voluntary basis, is not disputed.[33]

The search for principles to guide coercive state intervention involves two levels of analysis. First, should the legal structure presume that child rearing should generally be left to individual families or should it presume that the state has primary responsibility for rearing children and that parents are merely trustees who hold children only as long as they accomplish goals established by the state? Second, whichever presumption is made, what kinds of behavior justify state intervention? Intervention has traditionally been justified on one of two grounds: 1) to protect children from abusive or neglecting behavior; 2) to assure that children are exposed only to "healthy" ideas or environments--i.e., to ensure that they develop in a "normal" atmosphere.

A. State Control vs. Parental Autonomy

The interest of persons in establishing and maintaining a coherent, private family unit, free from intrusion by the state, is indisputably fundamental.[34] In decisions stretching over 50 years, the U.S. Supreme Court has recognized this interest as basic. In 1923 the court held that ". . . without doubt the liberty thus guaranteed (by the due process clause of the 14th Amendment) denotes . . . the right of the individual . . to marry, establish a home and bring up children."[35] In 1944 the court reasserted: "It is cardinal with us that the custody, care and nurture of the child resides first in the parents. . . . And it is in the recognition of this that (our previous) decisions have respected the private realm of family life which the state cannot enter."[36] Most recently, in 1974, the court again restated the principle of family sanctity, citing *Meyer*, *Prince*, and a long line of similar decisions: "This court has long recognized that freedom of personal choice in matters of marriage and family is one of the liberties protected by the due process clause of the 14th Amendment."[37]

But increasingly, this presumption of parental autonomy has been questioned. Some educators and child development experts have argued that parents should not have control of their children all of the time and have advocated mandatory day care, Head Start or other early educational programs for children.[38] Other commentators argue that our legal system should ensure that parents provide their children with an environment in which they can achieve maximum developmental potential.[39] It is questionable that the state's interest in providing such a vaguely described, albeit attractive, environment for children constitutes a sufficiently compelling and clearly defined state interest to justify coercive interference with the exercise of a fundamental right. And even if it were found to constitute such an interest, the formulation of standards about what conduct justifies state intervention under such a "trustee" system would be impossible. This is true because such standards would require agreement about what kind of adult we want to produce, what values parents should teach their children, and what childhood experiences produce specific adult behavior. Such standards, in short, would ignore cultural diversity, individual moral preference and the sorry state of knowledge about what makes children grow up to be happy, healthy, independent adults.[40]

We are left, therefore, with the traditional model of family autonomy.

It is briefly noted here that there are additional reasons for making the family the presumptive locus of decision-making authority, particularly if there is no social consensus about what is best for children or about what values they should be taught. First, family members are more likely to have direct knowledge about a particular child. Second, familial autonomy is consistent with the present distribution of authority and responsibility for children. It is for only a comparatively small percentage of children that judicial intervention is required. And lastly, children are more or less the recipients of the demands and teachings of their culture, and their development can be viewed as the emergence of a particular set of adaptive skills geared to particular social and environmental circumstances.[41] There is consensus that such circumstances, at least for young children, are best when consistent, from the physical environment and type of community they live in, to the way their daily life is organized.

B. Guiding Principles Under Autonomy System

As a basis for state intervention under an "autonomy system," the following premises are suggested:

1) Cases of familial dysfunction usually present for resolution issues that are peculiarly ill fitted for, and unbenefited by, legal analysis and judicial fact finding. The law is simply inept as a corrective of family dysfunction. Legal compulsion cannot restore or provide parent-child understanding and tolerance, nor can it build up mechanisms for conflict resolution within any given family.[42]

2) Many, if not virtually all, statutes conferring on courts the jurisdiction to intervene in cases of family dysfunction are arguably void for vagueness; language conferring such jurisdiction often falls short of such specificity as would allow the actor to determine what conduct fell within the prohibitions of the statute, so that he or she could gauge behavior accordingly. Given the typical overbreadth of these statutes, every family in the country could be made out to be the proper subject of court jurisdiction, if there were a sufficiently detailed chronicle of their behavior.

3) Allowing formal intervention in many cases of familial dysfunction isolates parents and children from each other, undermines familial autonomy and authority, and hinders development of mechanisms within the family to establish controls and resolve disputes. It thus impedes the child's maturation into an adult who possesses effective ways of handling problems of interpersonal relationships. Moreover, it encourages parents to abdicate their functions and roles to the court: court appearance bespeaks parental failure, and having been thus marked as failures, parents may be all too willing to give over children to a system that is all too willing to take them. It seems probable that many families are deflected from trying to work matters out in their own way simply because the court is there.

4) Similarly, the existence of court jurisdiction over cases of familial dysfunction weakens the responsibility of community agencies and dulls their ability to respond to problems that are essentially theirs.

5) The handling of cases of familial dysfunction requires a diversion of effort, time and resources that is vastly disproportionate to any good achieved. If such jurisdiction were limited to the most serious cases, resources and personnel could better attend and serve those cases involving conduct that more seriously endangers children and the community.

6) Available research indicates that no generalizations can be articulated about whether families are helped by any one particular complex of services. And it has also become apparent that the ideal of treatment is not without its own dangers; it legitimates more state intervention with fewer legal constraints.

The conventional viewpoint about rehabilitating families consists of three main assumptions:

The disposition should rehabilitate. The family should receive the correctional treatment best suited to inculcate law-abiding habits. Rehabilitation should influence the choice of disposition, as well as the manner in which it is carried out.

- Predictive restraint is a second theme. The disposition, supposedly, should be based on a forecast of the family's--generally the parents'--likelihood of returning to the same pattern or conduct that initially brought them to the court's attention.

- Individualized decision making is the third assumption. The disposition is to be tailored to the family's need for treatment and the risk the parents pose to the child. To allow decisions to be individualized, sentencing courts and correctional officials are to be given wide discretionary powers of disposition, with as few legal constraints as possible.

During the first half of this century, these ideas had almost unchallenged ascendance. Although less fashionable notions (such as deterrence and retribution) did retain a measure of influence on the practical decisions of legislatures and judges, the dominant trio of assumptions was thought to represent the enlightened viewpoint. Although skepticism about these notions has been growing in the last two decades, the conventional assumptions retain considerable influence. A wide variety of rehabilitative programs have now been studied. A few successes have been reported, but the overall results are disappointing.[43] It would be an exaggeration to say that no treatment methods work, for some positive results have been reported.[44] But it is uncertain to what extent even the successes would survive replication. Until the success of a particular type of state intervention has been established, intrusion should be limited. Obviously, this is not an excuse to ignore the responsibility to continue attempts to develop successful programs; and since no one approach can be seen as a complete solution, a comprehensive range of services must be developed and monitored.

7) The state is obligated to observe strict parsimony in intervening in families, i.e., the state has the burden of establishing why any given intrusion, and not a lesser one, is necessary.

8) The basis for intervention in families should focus on the child, not on parental behavior. Basically, it should be limited to instances where a child has "suffered serious physical harm, sexual abuse or serious and narrowly defined emotional damage,"[45] or where there is a substantial likelihood that the child will imminently suffer such damage.

In fact, this concept is not new, it merely focuses emphasis where it has been all along. Neglect statutes are concerned with parental behavior not as behavior per se, but only as it adversely affects a child.[46] Rather than focusing on the behavior itself, then, one ought to focus on the effects on the child, because every child embodies a unique combination of physical, psychological, social and emotional components. No child has the same weaknesses or strengths as another; no child is affected exactly the same way by parental behavior. But this is not to say that there aren't some behaviors that all would agree are harmful for all children.

IMPLICATIONS OF THESE PRINCIPLES

On the basis of these principles, some framework within which to consider state intervention into families can be articulated. It is suggested that such intervention should be:

- consistent with this society's conception of justice--i.e., there should be a consensus that certain experiences cause all children to stop developing or to regress in their development physically, mentally or emotionally, and that such experiences are undesirable for all children;

- universal--i.e., intervention will be invoked and exercised similarly in all cases where children of like age, experience, maturity, social history and economic ability have had an experience deemed by social consensus to be undesirable (except that intervention will be tailored, to the extent possible, to an individual child's age and social, ethnic, and economic experience);

- minimal--i.e., the intervention cannot exceed that necessary to satisfy the state's interest in intervening (that is, familial autonomy will be deferred to unless the state can demonstrate that unless that autonomy is interfered with, substantial and immediate harm to the child will occur).

Available literature indicates a basic lack of consensus about what constitutes dysfunction in a family and about when state intervention into dysfunctional families is justified.[47] This disagreement is probably based in part on disagreement about what conditions are necessary for the growth of children into mature adults physically, mentally and emotionally. But even if such conditions were identified, it is unlikely that they would be recognized as legal rights.[48] For example, children have no legal right to medical care or to a nutritionally adequate diet, although we know that these things make a difference not only in the incidence of disease and death among children[49] but also in the quality of life children lead.[50]

It has been suggested that a legal theory about children's rights would at least define those things recognized as minimally necessary for development.[51] Such necessities have been defined to include everything from prenatal care[52] to the right to an education "responsive to a child's needs."[53] But it is only necessary to ask the question "What are children's rights" in this context to begin to realize that the question has no "answer." A child's right to adequate nutrition, to cite only one example, may vary with his age and physical condition. And the same question asked about a different child, of a different age, with a different medical history, calls for another answer.

Development of a legal theory for children's rights, then, will not solve the complex problems presented by dysfunctional families, nor will it articulate a universal standard for state intervention into such families. On that, at least, there seems to be agreement. The understanding and development of programs to deal effectively with familial dysfunction are beyond the competence of any one of the related disciplines--law, medicine, social work, psychiatry, psychology and others--and beyond the capability of any single community resource--police, welfare department, courts, hospitals, children's service agencies, etc.--that deals with such cases. Effective programs require interdisciplinary efforts and coordination of resources.

A POSSIBLE, LIMITED ROLE FOR THE LAW

As has been pointed out, intervention into dysfunctional families is now exercised on the basis of broad standards that require highly individualized determinations. More precise standards would mitigate some obvious disadvantages of the application of indeterminate standards--such as "a child being in danger of being brought up to lead an idle, dissolute or immoral life"[54] --in cases of familial dysfunction.[55] These disadvantages are:

- An indeterminate standard makes the outcome of particular cases difficult to predict. This may encourage more litigation than would a standard that made the outcome of cases predictable.

- A broad standard for intervention that gives great discretion to a judge may encourage social workers, probation officers, policemen and other state officials to seek intervention in more cases than would a narrower standard.

- Indeterminate standards pose a great risk of violating the precept mentioned earlier that like cases should be decided similarly.[56]

A. A More Determinate Standard for Intervention

It is suggested that, coupled with procedural adjustments, the following determinate standard for intervention would confront these fundamental problems presented by an indeterminate system:

- A state may remove a child from parental custody without parental consent only if the state first demonstrates: 1) that the child has suffered serious physical harm, sexual abuse or serious and narrowly defined emotional damage;[57] or that there is a substantial likelihood that the child will imminently suffer such damage if not removed; 2) that the state has tried and failed to protect the child's physical and emotional health in his own home by the provision of appropriate supportive services, or that the case is so extreme that a child's physical and emotional health cannot be protected without removing him from his parents' custody; and 3) that a foster care placement exists for the child.[58]

Obviously this standard, although more narrowly defined than most existing standards, is still not without problems. Terms such as "appropriate," "serious," "imminently," and "substantial" are not self-defining. There is still enormous room for judicial discretion. However, this standard may possibly tease out heretofore unexpressed and therefore unquestioned prejudices that underlie certain decisions to intervene.

Another problem presented by this standard is how far the state must go in demonstrating that a child's physical and emotional health cannot be protected in his own home even with supportive services. One commentator has asked if the state is obligated to provide a full-time maid or housekeeper if it can be demonstrated that such help would maintain a family intact.[59] Possibly. The economic implications of this standard may well be enormous. However, so are the costs of foster care--several thousands of dollars per year per child.[60] At a minimum, this standard expresses a preference for expenditure of equivalent resources to protect and maintain children in their own homes before removal is sanctioned.

B. Procedural Safeguards

The due process clause in the 14th Amendment applies to certain "deprivations," which it defines as those of "life, liberty or property." An infringement of a temporary or limited nature is not any less a "deprivation,"[61] within the amendment's language, than is execution or imprisonment. Persons deprived of liberty or the companionship of their family have no chance to regain what is taken from them,[62] nor could there be any just compensation made to them if it develops later than such deprivation was mistaken.[63]

The sole fact that the person invoking the 14th Amendment is a child cannot dilute the due process to which he is entitled. A child is no more immune to deprivation of liberty than an adult. Indeed, he is more vulnerable. To protect what is his, a child has a right to be heard. The notion that a child has less right to be heard than an adult has been specifically rejected by the Supreme Court.[64] And a child is surely competent to be heard when he speaks about his own conduct, his family's conduct or facts that will determine whether he is placed away from his family.

Since rights of a fundamental nature are at stake, and since there could be no equitable recompense in case of error, the state should never involuntarily intervene in dysfunctional families without the families' having access to independent counsel, without notice and an opportunity to be heard in recorded proceedings, to confront and examine those who allege dysfunction, to have those who petition bear the burden of proof beyond a reasonable doubt, to have the fact of dysfunction determined by a jury, to have the judicial decision detailed and reduced to writing, and to have adequate appellate review.

Of course, we are not talking here about emergency cases in which a child is removed from a situation where he is physically in danger. But even in such cases, the removal should be only for a restricted period, after which, if the removal is to continue, the standard articulated in the preceding paragraph should apply.

To some extent this has been recognized by the Supreme Court. Recent decisions of that court require that juvenile courts recognize certain constitutional rights of children alleged to be delinquent in the adjudicatory phase of a juvenile hearing, to assure due process of law. The procedural rights include written notice of the charges before the hearing, the right to counsel, the privilege against self-incrimination, the right to confront and cross-examine witnesses, and proof of delinquency beyond a reasonable doubt if the child is charged with an act that would constitute a crime if committed by an adult.[65] Although there is no right to jury trial for juveniles accused of delinquent behavior,[66] these procedural requirements provide a higher quality of due process and fairness in an adjudication of delinquency that justifies state intervention than is required in cases where the state intervenes because of other kinds of familial dysfunction. That is not to imply that all instances of juvenile delinquency are a result of familial dysfunction. But it is to say that juvenile delinquency is often symptomatic of familial dysfunction and that procedurally the legal system addresses children in delinquency cases differently than it does children in neglect cases.

Access to Independent Counsel

The independent representation of a child by counsel in all proceedings in which his welfare or disposition is at stake has been called "the most significant and practical reform that can be made in the area of children and the law."[67] Since the adult's right to counsel as an adjunct to a fair trial is based on the incompetence of the layman to protect his interests in a judicial proceeding,[68] an even stronger argument for the child's right to counsel can be made on the basis of a child's inability to protect his interests or even make his interests known without the aid of counsel. It is unlikely, because of their dependence and minority,[69] that children will speak effectively on their own behalf in the absence of independent counsel acting solely for the child. Sometimes the interests of children and their parents conflict. In such a clash, a child, because of his basic dependence on his family, might be unwilling or unable to express his discontent. The appointment of counsel whose only duty is to represent the child seems necessary in light of the special problems children face in exercising their constitutional right to be heard.

It has been asserted that there is a crucial difference between child welfare proceedings in which there is no requirement of representation by counsel, and criminal or delinquency proceedings that recognize a right to counsel, since in the latter cases defendants are subject to loss of liberty. But, as is generally conceded, a child may be committed to an institution or agency and just as effectively deprived of freedom in neglect proceedings. And if criminal defendants threatened with a loss of personal autonomy have a right to counsel, then persons innocent of wrongdoing, who possibly have a diminished capacity to speak effectively on their own behalf, have the same right.

The right to counsel is not satisfied by the mere formality of an appointment.[70] A person is entitled to effective representation at every critical stage in the proceedings.[71] When the state intervenes in dysfunctional families, it is possible that children have the right to independent counsel as soon as they are identified as being "at risk."

When a child is not represented by counsel, his future is effectively determined by facts presented by his parents or by the state through social workers, probation officers, police officers, etc. In the first instance, the danger is that the child's interests will be assumed to be identical to those of his parents, which they often are not; and in the second, they may be assumed to be similar to those of the state, an equally unacceptable presumption.[72]

The rationale for providing court-appointed counsel to indigent parents involved in child welfare proceedings parallels that of court-appointed counsel for a child. However, there are significant differences that suggest an even stronger case for court-appointed counsel for parents. The most apparent difference is that, when child welfare proceedings are initiated, the parent is placed in an adversative role against the state. He is a defendant in danger of losing custody of his child, and in some cases of facing criminal charges. The defendant parent is often left to his own devices to protect his judicially recognized right to rear his children as he sees fit.[73]

It appears that a reasonable application to child welfare proceedings of the due process clause of the 14th Amendment would guarantee an indigent parent the right to court-appointed counsel. Implicit in any requirement to provide counsel is recognition of a significant legal interest that warrants the protection afforded by legal representation.[74] This legal interest is the right of parents to have and rear children under their personal supervision.[75] The Supreme Court has said that this parental right is a "liberty" of which a person cannot be deprived without due process of law.[76] Thus, it should be apparent that the due process requirement of a fair hearing cannot be achieved unless court-appointed counsel is provided for the indigent parent.[77] Failure to provide counsel in child welfare proceedings denies the indigent parent the right to participate fully in litigation involving his fundamental rights.[78]

At present the courts of relatively few jurisdictions have recognized the right of indigent parents to court-appointed counsel,[79] but the trend seems to be in that direction.[80] It is hoped that courts or legislatures will modify the procedure of child welfare hearings to provide court-appointed counsel for children and indigent parents. Such action would go far toward attaining the greatest protection of the rights of all parties.

Trial

The right to a jury trial in criminal cases is basic in our legal system,[81] and finds expression both in the Constitution[82] and in its unquestioned implementation. A fundamental tenet of Anglo-American jurisprudence is that if a person is to be deprived of bodily liberty, it shall be done in open court pursuant to a verdict rendered by peers.[83] If such is the rule in criminal cases, children threatened with curtailment of personal liberty and separation from their families also have the right to be heard publicly and to have the decision about their custody made by a jury of laymen.

The right to a trial implies the right to receive such notice of the proceedings as will permit preparation of an adequate response.[84] The definition of sufficient notice in pleadings varies from days to months.[85] Realistically, in defining adequate notice where bodily liberty is involved a balance must be struck between the right to a speedy decision and the right to sufficient time to prepare an answer. Thirty days seems a reasonable solution in view of these conflicting interests.

Also implicit in the right to be heard is the right to be confronted publicly by those who accuse, or allege the need for alternative placement.[86] It is their burden, or the state's, to prove the allegation.

Evidence

The term "burden of proof," in its strict sense, denotes the duty of establishing the truth of a stated proposition by such weight of the evidence as the law demands in the type of case in which the issue arises, whether civil or criminal.[87] In a criminal prosecution the state has to establish all the essential elements of the crime charged[88] and must prove the accused's guilt beyond a reasonable doubt.[89] The burden of proof to be sustained in criminal cases is "beyond a reasonable doubt," because it is a well established principle of common law, incorporated statutorily by many states, that a person accused of a crime is presumed innocent until proved guilty.[90] This presumption of innocence is a presumption of law--a legal inference--based on the fact that the great majority of persons are not criminals.[91]

If it cannot be presumed that a majority of the population is criminal, neither can it be presumed that a majority of families are dysfunctional. If popular dysfunction is not a tolerable assumption, the curtailment of a person's liberty or intrusion into a person's family on the ground that it is dysfunctional requires substantiation of the proposed dysfunction beyond reasonable doubt.

Decision and Appeal

All states now provide some appellate process for review of criminal convictions.[92] Statistics have demonstrated that a substantial proportion of lower court decisions are reversed by state appellate courts.[93] Therefore, to deny adequate reviews of custody decisions means that many children may be placed in foster care or have their liberty curtailed, and families may be disrupted, because of unjust decisions that appellate courts would set aside.

A basic tenet of our legal system is that equal justice will be afforded to all and special privilege to none. There can be no equal justice where the kind of assistance or review persons get depends on the amount of money that have. Hence, the provision of counsel for the indigent and the decision of the Supreme Court in 1956 that destitute defendants must be afforded as adequate appellate review as defendants who have money.[94] To accomplish this, the court ordered that indigent defendants who desired to appeal were to receive a transcript of their trial.[95]

If appellate consideration is to be efficient and effective, a record of the entire earlier proceeding, including the court's decision and reasoning, should be available both to the appellant and to the court of review. It seems reasonable to assume that, as in criminal cases, there is a substantial margin for unwitting error in custody proceedings. Therefore effective appellate review is essential. Of course, at times mistakes may be made within a foster-care relationship. Children, or a representative of their interests, should have access to review on a continuing basis. The traditional view of continuing jurisdiction is that once properly acquired in an action, personal jurisdiction is never lost until a final judgment is entered, disposing of the litigation.[96] It may be suggested that the order awarding custody is the final judgment in a custody proceeding, and that subsequently a court must again establish jurisdiction to review. But in child custody cases,[97] if the court that originally appoints the custodian is in a position to enforce any modification of its orders--i.e., if the ward is physically present within the state--jurisdiction will continue to allow monitoring of placement and review of the custodian's decisions.[98]

It has been suggested that procedural reform cannot correct the fundamental fault--i.e., broad discretion--in the judicial system of intervention into cases of familial dysfunction.[99] Briefly, the argument is that providing counsel and other procedural protections to children in such cases will only shift the locus of discretion from judges to lawyers because the majority of children involved in such cases are young, and lawyers with young clients must, like judges, ascertain what is in the clients' best interests (according to the lawyers' own values) and then advocate that position.

But such an argument dissolves if procedural reforms are coupled with a change in the underlying standard for removal.

Although the attempt here to formulate a definitive legal standard is not completely realized, the suggested direction for change is clear: judicial (and by implication lawyers') discretion to remove children from their homes should be limited and the standards for such removal should focus more on the child than is now the case.

Stability

The principle objective of the foregoing reforms is to establish a legal process that will ensure greater stability for the child. In furtherance of this goal for children who must be placed in foster care, there should be a statutory requirement to set the maximum time they remain in care. The most direct way of doing this would be to require judicial review, after a fixed period, to determine whether the child can return home or should be placed in an adoptive home or some other stable, long-term environment. The advantage of a fixed time period--the outlines of which child development specialists are better able to define than am I--is that judges, lawyers and social workers will be compelled, within a specific period, to make permanent plans for a child's placement. Routine extensions of foster placement could not be the rule. Although fixing a time period is arbitrary, it is more attractive than giving judges or social workers unlimited discretion to continue indefinitely the foster care placement of children.

CONFIDENTIALITY

Courts have customarily used both reports by social workers[100] and evaluations by psychiatrists and psychologists[101] in making custody determinations. But recently the existence and disclosure of such records and reports have been questioned, and both Congress[102] and the federal courts have placed limits on the assemblage, access and dissemination of personal records and other information.

In placing these limits the courts and Congress recognized that such records do serve a useful public purpose. Thus, the courts attempted to balance the individual's right to maintain his privacy against the public's need to have certain information.[103] Basically, the standard that has emerged is that a record must be accurate and complete,[104] access to it must be strictly limited to parties having an actual interest in the information,[105] and dissemination must be timely--i.e., records that are "unreasonably old" should not be disseminated at all.[106]

Adherence to this standard is important because usually reports must be introduced as evidence in custody hearings.[107] Thus, even if a judge, after reading a report, rules that it is inadmissible, he may well be influenced by the information it contains in making his decision.

Some courts recently questioned the review of such reports by judges when parents who are their subject are not allowed to see them.[108] They have held that only in the "gravest of situations" should parents be refused permission to examine and copy records about them.[109] A "grave" situation has been described as one where a parent, if he had access to information about who the complainant was, for example, might be dangerous to that person.[110]

Similarly, courts have held that parents should be allowed to inspect all records relating to an agency's care of a child whose custody has been removed from them,[111] so long as such removal is temporary.

Other courts have held that all parties directly involved in a custody decision should have access to relevant social work, psychological or psychiatric reports.[112] Thus, it has been held that potential adoptive parents should have access to all reports about the physical and mental health and emotional stability of the biological parents of a child they want to adopt.[113]

Perhaps one of the most crucial issues is whether the child himself should have the opportunity to examine records about his family. Generally the answer, expressed in cases where adopted children attempted to gain access to information about their biological parents, is no.[114] Conversely, although it is recognized that children have a right to privacy, just as do adults,[115] courts have held that a child's right to the protection of his good name, reputation, honor and integrity does not extend to court records that concern him.[116] The child, in short, has no right to prevent access to records about him. The argument is that since children are being "protected" by the state in custody proceedings, their privacy is not invaded if the state controls access to information about them.

In view of the standards for record keeping that have been stipulated in statutes and case law to date, and in light of the standard and procedural reforms suggested here, the following can be stated:

- Record keeping about dysfunctional families should be done pursuant to reasonable procedures to assure maximum accuracy of information.

- Information about the nature of the record and about the recipients of the record within the last 6 months should be disclosed to the subjects of records, including an attorney representing a child, and possibly to older children themselves.

- Persons who are the subjects of records should have an opportunity to challenge the completeness and accuracy of any item in their files, to record the dispute if it is not resolved, and to correct any error.

- Access to records should be limited to those with a court order, with the subject's consent (or possibly the consent of all the subjects, if the report, as is generally the case, concerns itself with the entire family, not merely one or two family members), or to those with a legitimate professional need for information that cannot be obtained by any other means.

- Adverse information that is a specified number of years old should be deleted.

- The subject of a report should be notified when detrimental information about him is released.

CONCLUSION

The standard and procedural reforms suggested here are intended to limit the discretion exercised by professionals--judges, lawyers, physicians, social workers, psychologists, nurses, policemen, probation officers, etc.--who intervene in cases of familial dysfunction. The reforms are suggested primarily in response to a lack of proved methods of therapy, a lack of consensus about values and the ability to predict and/or provide those things that will help children become happy and healthy adults. They are also suggested because I believe that the eagerness we all feel to find effective ways to address the problems of dysfunctional families is not reason enough--given the limited state of our knowledge about human behavior and its infinite complexities--to sanction curtailment of human liberty and the fundamental interest family members have in maintaining a coherent family unit free from state interference except in the most serious cases.

NOTES AND REFERENCES

1. See, for example, Weinberger v. Wiesenfeld, 420 U.S. 636 (1975). And consider the state's increasing role in child rearing--through compulsory education laws, state-run day care programs, etc. Some commentators say families no longer perform essential family functions. Bronfenbrenner, Two Worlds of Childhood (1970), Chapter 4.
2. Gruber, Alan, Foster Home Care in Massachusetts: A Study of Foster Children, Their Biological and Foster Parents (1973); Sherman, Newman and Shyne, Children Adrift in Foster Care: A Study of Alternative Approaches (1974); Rein, Nutt and Weiss, "Foster Family Care: Myth and Reality" in Children and Decent People, p. 24 et seq. (A. Schorr, ed., 1974); Kadushin, A., Child Welfare Services (2d edition, 1974); Mandell, Where Are The Children? (1973); Mnookin, "Foster Care -- In Whose Best Interest?' 43 HARV. ED. REV. 599 (1973); Burt, "Forcing Protection on Children and Their Parents: The Impact of Wynam v. James," 69 MICH. L. REV. 1259 (1971).
3. A recent study conducted in New York state by the Child Welfare League of America demonstrated that enriched services to the family significantly reduced the number of child placements, or returned children to their homes after shorter placements. Jones, Neuman and Shyne, A Second Chance for Families: Evaluation of a Program to Reduce Foster Care (1976). See also Tracy and Clark, "Treatment for Child Abusers," 19 SOCIAL WORK 388 (1974); Pavenstedt, "An Intervention Program for Infants from High Risk Homes," 63 AM. J. PUB. HEALTH 393 (1973).
4. Katz, Howe and McGrath, "Child Neglect Laws in America," 9 FAMILY L.Q.I. (1975). Note that this paper focuses only on neglected children, not on abused children, delinquent or status offender children, or children voluntarily placed in foster care. The special problems presented by adoption, termination of parental custody and custody pursuant to annulment, separation and divorce are also not covered here, although they are related to this discussion and the principles articulated in this paper could be adapted to those situations.
5. Measurable is defined here in terms of the child's behavior-- i.e., has the child's functioning been adversely affected by parental activity or inactivity?
6. Katz et al., supra. note 4 at 22-27.
7. Neighbor, relative, school teacher, social worker, etc.

8. Some commentators suggest that as many as half of the children in foster placements are there voluntarily. See Wald, "State Intervention on Behalf of 'Neglected' Children," STAN. L. REV. Vol. 28, No. 4, April, 1976 at p. 629, note 24; see also Burt and Wald, "Tentative Standards for State Intervention on Behalf of Neglected Children," January 1976 (unpublished paper prepared for the Institute of Judicial Administration/American Bar Association's Juvenile Justice Standards Project, 1974). Other commentators say few "voluntary" placements are actually voluntary. See Weiss and Chase, "The Case for Repeal of Section 383 of the New York Social Services Law" in Legal Rights of Children, 37 (1973).

9. Burt and Balyeat, "A New System for Improving the Care of Neglected and Abused Children," 53 CHILD WELFARE 167 (1974); Campbell, "The Neglected Child: His and His Family's Treatment Under Massachusetts Law and Practice and Their Rights Under the Due Process Clause," 4 SUFFOLK U. L. REV. 631 (1970); Levine, "Caveat Parens: A Demystification of the Child Protection System," 35 U. PITT. L. REV. 1 (1973).

10. Id.

11. This is important because the formal rules of evidence are not followed. One result is that hearsay is admissible. See Comment, "Dependent-Neglect Proceedings: A Case for Procedural Due Process," 9 DUQUESNE L. REV. 651 (1971).

12. Note, "Representation in Child Neglect Cases: Are Parents Neglected?" 4 COLUMBIA J. L. AND SOC. PROB. 230 (1968).

13. But there is an increasing body of case law holding that parents have the right to be represented by counsel in neglect cases. See, for example, Danforth v. State Department of Health and Welfare, 303 A.2d 794 (Me. 1973); In re B, 30 N.Y.2d 352, 285 N.E.2d 288 (1972).

14. On the disposition rather than the allegation, in other words.

15. There are no clear statistics available about what percentage of neglect petitions result in a finding of neglect.

16. They are usually to be made "in the child's best interests" or some similar language.

17. See Chappell, Barbara, "Organizing Periodic Review in Foster Care: The South Carolina Story," 54 CHILD WELFARE 477 (1975).

18. See Division of Family Services v. State, 319 So.2d 72 (Fla. App. 1975).

19. Twenty-four states and the District of Columbia apparently have no standard at all: Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, Ohio, Oklahoma, Oregon, Rhode Island, Virginia, West Virginia. And if a state does have a standard, it is usually that

foster care shall continue "as long as it is in the child's best interests." See Katz et al., supra. note 4.

20. N. Y. Soc. Serv. Law Section 392 (McKinney Supp. 1974); S. C. Code Sections 71-221 - 71-227 (Michie Supp. 1975).

21. Every state has some statutory provision allowing termination of parental custodial rights. In 12 states, a court may order termination following a finding that the child is neglected. (For a summary of relevant laws see Areen, "Intervention Between Parent and Child: A Reappraisal of the State's Role in Child Neglect and Abuse Cases," 63 GEO. L. REV. 887, 928-30.) Six statutes specify the grounds on which a court may order termination. (See Katz, Howe and McGrath, supra. note 4 at pp. 73-362.) The most common grounds are abandonment, incompetent care, or repeated neglect. (Id.) Other states provide that termination may be effected only if the child's "best interests" indicate it or if the parents are "unfit." (For example, see KAN. STAT. ANN. Section 38-824(c) (1973).)

22. Mnookin, supra. note 2.

23. Supra. note 21.

24. Fanshel, D., "The Exit of Children From Foster Care: An Interim Research Report," CHILD WELFARE, Vol. 50, No. 2, February 1971; Jeter, H.R., Children, Problems and Services in Child Welfare Programs (Washington, D.C., U.S. Government Printing Office, 1963); Jenkins, S., "Duration of Foster Care: Some Relevant Antecedent Variables," CHILD WELFARE, Vol. 46 (Oct. 1967); Bryce, M. and Ehlert, R. "144 Children," CHILD WELFARE, Vol. 50, No. 9 (Nov. 1971); Gruber, A., supra. note 2.

25. Ibid.

26. Maas, H., and Engler, R., Children in Need of Parents (New York: Columbia University Press, 1959); Wiltse and Gambril, cited in Mnookin, R., "Foster Care--In Whose Best Interest?" HARV. ED. REV., Vol. 43, No. 4, Nov. 1973, pp. 599-638.

27. Wald, M., supra. note 8; Kline, D., "The Validity of Long-Term Task Family Care Serivce," CHILD WELFARE, Vol. 44, April 1965; Weaver, E., "Long-Term Foster Care: Default or Design? The Public Agency Responsibility," CHILD WELFARE, Vol. 47, No. 6, June 1968; Madison, B. and Shapiro, M., "Permanent and Long-Term Foster Care as a Planned Service," CHILD WELFARE, Vol. 47, No. 3, 1970; Andrews, "When Is Subsidized Adoption Preferable to Long-Term Foster Care?" CHILD WELFARE, Vol. 50, No. 4, April 1971; Fellner, I., and Solomon, C., "Achieving Permanent Solutions for Children in Foster Home Care," CHILD WELFARE, Vol. 52, No. 3, March 1973.

28. Solnit, "Child Placement--On Whose Time?" Vol. 12, No. 3, J. AMERICAN ACADEMY CHILD PSYCH., July 1973, pp. 385-392; Freud, A., in Witmer, H.L., and Gershenson, C.P. (eds.), *On Rearing Infants and Young Children in Institutions* (Children's Bureau Research Report No. 1, Washington, D.C., U.S. Department of HEW, 1967); Erikson, E., *Identity*: Youth and Crisis (New York: Norton, 1968); Joint Commission on Mental Health for Children, *Crisis in Child Mental Health: Challenge for the 1970s* (New York: Harper and Row, 1969).

29. Maas, H., and Engler, R., 1959, supra., note 26; Fanshel, D., and Maas, H., "Factorial Dimensions of the Characteristics of Children in Placement and Their Families," CHILD DEVELOPMENT, Vol. 33, 1962, pp. 123-144; Ersenberg, L., "The Sins of the Fathers: Urban Decay and Social Psychology," AMER. J. ORTHOPSYCH., Vol. 32, 1962.

30. Fanshel, "A Study of One Hundred Problem Children for Whom Foster Care Was Advised," AMER. J. ORTHOPSYCH. 107 (1971), and Meier, "Adults Who Were Foster Children," 13 CHILDREN (1966).

31. Schorr, "Poor Care for Poor Children" in *Children and Decent People*, supra. note 2. See also, Children's Defense Fund, *Doctors and Dollars Are Not Enough* (Cambridge, 1976).

32. Wald, supra. note 8 at 628.

33. CWLA goals cited in Claburn et al., "Periodic Review of Foster Care: A Brief National Assessment," CHILD WELFARE, LV, 6 (June 1976).

34. *Cleveland Board of Education* v. *LaFleur*, 94 S.Ct. 791; *Roe* v. *Wade*, 410 U.S. 155; *Loving* v. *Virginia*, 388 U.S. 1; *Griswold* v. *Connecticut*, 371 U.S. 479, 486; *Pierce* v. *Society of Sisters*, 268 U.S. 510, 534-535; *Meyer* v. *Nebraska*, 262 U.S. 390, 399. Most cases deal with the fundamental interest of the parents in protecting their right to rear their children as they wish. There are expressions, however, consistent with a finding that a child has a fundamental interest in being reared in a family. *Meyer* v. *Nebraska*, supra.; *Pierce* v. *Society of Sisters*, supra.

35. *Meyer* v. *Nebraska*, supra. note 34 at 399.

36. *Prince* v. *Massachusetts*, 321 U.S. 158, 166.

37. *Cleveland Board of Education* v. *LaFleur*, supra.; note 34. The rights of parents to control the upbringing of their children has been held to arise from the physical relationship of a parent and his child. *Stanley* v. *Illinois*, 405 U.S. 645, 652 (1972), held that an unwed father had a cognizable and substantial interest in his child.

38. Luckey, "Family Goals in a Democratic Society," J. MARRIAGE AND THE FAMILY, August 1964, p. 271.

39. Goode, *The Family* (1964); Foster and Freed, "A Bill of Rights for Children," 6 FAM. L. Q. 343 (1972).

40. Skolnick, *The Intimate Environment: Exploring Marriage and the Family* (1973).

41. Skolnick, A., "The Limits of Childhood: Conceptions of Child Development and Social Context," 39 LAW AND CONTEMPORARY PROBLEMS, No. 3, p. 38 (summer 1975).

42. I do not believe that the judicial system can mandate the provision of a nurturing environment for the child. Claburn et al., op. cit. Perhaps "case management services" would be able to do this more effectively than the judicial system.

43. See Greenberg, David, "Much Ado About Little: The Correctional Effects of Corrections," Department of Sociology, New York University, June 1974 (unpublished paper prepared for the Field Foundation, N.Y. City); and Lipton, Martinson and Weeks, *Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies* (New York: Praeger, 1975). Available long-term followup studies generally pertain to adult criminal populations. Hence, much of this material is derived from those studies. Therefore, the even more complex developmental questions presented by children and their families are not addressed here. There is no conclusive evidence that juveniles are helped by any one particular complex of services. For a summary of the deficiencies of existing evidence about juveniles, see Lundman, McFarline and Scarpitte, "Delinquency Prevention: A Description and Assessment of Projects Reported in the Professional Literature," CRIME AND DELINQUENCY 294 (1976).

44. For example, the model probation department project conducted by the California Youth Authority in Sacramento County between 1968 and 1969. (Unpublished material available from the Sacramento County Division, California Youth Authority.) And the success reported by the residential program for abusive parents run by the University of Colorado.

45. Wald, supra. note 8.

46. Gill, "The Legal Nature of Neglect," 6 NAT. PAROLE AND PROBATION J. 1, 5 (1960).

47. Compare Wald, supra. note 8 with Foster and Freed, "A Bill of Rights for Children," 6 FAM. L. Q. 343 (1972).

48. The United Nations has published a Declaration of the Rights of the Child. G.A. Res. 1386, 14 U.S. GAOR Supp. 16, at 19, U.S. Doc. A/4249 (1959).

49. Maternal and Child Health Service, USDHEW, *Promoting the Health of Mothers and Children, Fiscal Year 1972*, Federal Stock No. 1730-00029 (Washington, D.C., U.S. Government Printing Office, 1972); Hochheister et al., "Effect of a Neighborhood Health Center on the Use of the Pediatric Emergency Departments in Rochester, N.Y." NEW ENGLAND J. OF MEDICINE, Vol. 285 (July 1971); Hollister et al., *Neighborhood Health Centers* (Lexington, Mass.: Lexington Books, 1974); Mile Square Health Center, "Mile Square Health Center, Inc., 1973: Year of Transition" (Chicago, 1974).
50. Children's Defense Fund, *Doctors and Dollars Are Not Enough*, p. 13 (Washington, D.C., April 1976).
51. Worsford, "A Philosophical Justification for Children's Rights," 44 HARV. ED. REV. 142.
52. Id.
53. Massachusetts General Law, Chapter 766 (1972). (Massachusetts' comprehensive right-to-education law for special needs students.)
54. WASH. REV. CODE ANN. Section 13.04.010(2) (1962).
55. Mnookin, R., "Child Custody Adjudication: Judicial Functions in the Face of Indeterminacy," 39 LAW AND CONTEMPORARY PROBLEMS, No. 3, 226; see also, Rawls, J., *A Theory of Justice*, 237 (1971).
56. It has been suggested that no process for intervention could be fairer than one based on standards broad enough to permit judicial response to be tailored to each case. However, one commentator has pointed out that under an indeterminate standard--such as the "best interests" standard--the same case presented to different judges could be decided differently. (See Mnookin, supra. note 55, at 263.) And that under such a standard there is substantial risk that decisions will be made on the basis of unarticulated predictions or preferences not shared widely in our society, even among judges.
57. I suggest a definition of serious and narrowly defined emotional harm include that it be harm generally irreversible without therapeutic intervention and so substantial that it impairs a child's ability to complete daily activities common to children of his age, maturity, and economic and social background.
58. For similar suggestions, see Wald, supra. note 8, and Mnookin, supra. note 2.
59. Mnookin, supra. note 55 at 279.
60. Fanshel and Shinn, *Dollars and Sense in the Foster Care of Children: A Look at Cost Factors* (1972).

61. *Sniadach* v. *Family Finance Corp*, 395 U.S. 377; *Fuentes* v. *Shevin*, 407 U.S. 83; *Bell* v. *Burson*, 402 U.S. 533. These are cases dealing with deprivations that might last only a few days.
62. See *Bell* v. *Burson*, supra. note 61, at 326; *Fuentes* v. *Shevin*, supra. note 61, at 85.
63. See *Fuentes* v. *Shevin*, supra. note 61 at page 73, n. 6.
64. *Tinker* v. *Des Moines Indep. Community School District*, 393 U.S. 503, at 505-507.
65. *In re Winship*, 397 U.S. 358 (1970); *In re Gault*, 387 U.S. 1 (1967).
66. *McKiever* v. *Pennsylvania*, 403 U.S. 528 (1971).
67. Foster and Freed, "A Bill of Rights for Children," 6 FAM. L. Q. 343 (1972).
68. *Gideon* v. *Wainwright*, 372 U.S. 335 (1963), citing *Powell* v. *Alabama*, 287 U.S. 45, 68-69 (1932).
69. Childhood is a relatively helpless state, and it has been fashionable lately to perceive it as a cultural artifact (see J. Holt, *Escape From Childhood*, 1974). But any broad assertion that age is irrelevant inevitably collides with biological and economic realities.
70. *Avery* v. *Alabama*, 308 U.S. 444, 84 L.Ed. 377.
71. *Wade* v. *Mayo*, 344 U.S. 672, 92 L.Ed. 1647; *Hawk* v. *Olson*, 326 U.S. 271, 90 L.Ed. 61; *Escobedo* v. *Illinois*, 378 U.S. 478, 12 L.Ed. 2nd 977.
72. This is so on the basis of the problems associated with foster care, if nothing else. See infra. note 2 and accompanying text.
73. *Meyer* v. *Nebraska*, 262 U.S. 390, 399 (1923).
74. Comment, "Indigent Persons in Juvenile Proceedings: The Right to Appointed Counsel," 1969 LAW AND THE SOCIAL ORDER 467, 474 (1969).
75. *Skinner* v. *Oklahoma*, 316 U.S. 535, 541 (1942).
76. *Meyer* v. *Nebraska*, supra. note 73.
77. *Powell* v. *Alabama*, 287 U.S. 45, 68-69 (1932).
78. 1 HOFSTRA L. REV. 324, 329-30 (1973) citing *Stanley* v. *Illinois*, 405 U.S. 645 (1972); *Boddie* v. *Connecticut*, 401 U.S. 371 (1971).
79. See *Danforth* v. *State Dept. of Health and Welfare*, 303 A.2d 794 (Me. 1973); *In re Friesz*, 190 Neb. 347, 208 N.W.2d 259 (1973); *In re Ella B.*, 30 N.Y.2d 352, 285 N.E.2d 288, 334 N.Y.S.2d 133 (1972); *State* v. *Jamison*, 251 Ore. 114, 444 P.2d 15 (1968); *In re R.I.*, 455 Pa. 29, 312 A.2d 601 (1973); *In re Welfare of Luseier*, 84 Wash. 2d 135, 524 P.2d 906 (1974).
80. See "Indigent Parents In Juvenile Proceedings: The Right to Appointed Counsel," supra. note 74.

81. *Powell* v. *Alabama*, supra. note 77; *Escobedo* v. *Illinois*, 378 U.S. 478.

82. Act III, section 3.

83. Blackstone, William, *Commentaries Upon the Law of England*, Vol. 3, p. 141-142. See also, Levy, *The Law of the Commonwealth and Chief Justice Shaw* (New York: Macmillan).

84. Peterfreund and McLaughlin, *Civil Procedure* (New York: West Publishing Co.).

85. Ibid.

86. *Pointer* v. *Texas*, 380 U.S. 400, 13 L.Ed. 2nd 923.

87. *Smith* v. *Hill*, 232 Mass. 188, 122 N.E. 310, aff'd: 260 U.S. 592, 67 L.Ed. 419, 43 S.Ct. 219. Of course, the party who must sustain the burden of proof in a particular case must produce competent evidence in support, evidence that conforms to the general principles governing evidentiary admissibility, relevancy, materiality and competency.

88. *Holt* v. *U.S.*, 218 U.S. 245, 54 L.Ed. 1021.

89. Ibid.

90. See *U.S.* v. *Fleischmann*, 339 U.S. 349, 94 L.Ed. 906; *Yee Hem* v. *U.S.*, 268 U.S. 178, 69 L.Ed. 904; *Michaelson* v. *U.S.*, 266 U.S. 42, 69 L.Ed. 162; *Schaefer* v. *U.S.*, 251 U.S. 466, 64 L.Ed. 360.

91. *State* v. *Reilly*, 85 Kan. 175, 116 P. 481.

92. *Griffin* v. *Illinois*, 351 U.S. 12, 100 L.Ed. 891. Under 28 U.S.C. sections 1291 and 1294, appeal from a conviction of crime in federal court is now also a matter of right. *Hardy* v. *U.S.*, 375 U.S. 277, 11 L.Ed.2nd 331.

93. Ibid.; see also: Allen, "*Griffin* v. *Illinois*: Antecedents and Aftermath," 25 U. CHI. L. REV. 151.

94. *Griffin* v. *Illinois*, 351 U.S 12.

95. Ibid.

96. *Michigan Trust Co*. v. *Ferry*, 288 U.S. 346, 33 S.Ct. 550.

97. Clark, *Law of Domestic Relations* (Minn.: West Publishing Co.).

98. *Re Howard's Estate*, 133 Cal. App.2nd 535, 284 P.2nd 966. A trial court is usually allowed liberal discretion in removing or refusing to remove a custodian and an appellate court will not interfere with such discretion unless it clearly appears that it has been abused. *Ward* v. *Booth*, 197 F.2nd 963; *Brown* v. *Brown*, 142 S.W. 23.

99. For example, see Mnookin, "Foster Care--In Whose Best Interest?" 43 HARV. L. REV. No. 4, p. 630, Nov. 1973.

100. See Note, "Use of Extra-Record Information in Custody Cases," 24 U. CHI. L. REV. 349 (1957), for discussion of an early case law regarding this problem.

101. For example, in Kesseler v. Kesseler, 10 NY2d 445, 225 NYS2d 1, 180 NE2d 402 (1962) the court ordered evaluations by both a psychiatrist and a psychologist, although the parties had already consented to an investigation by a social worker. A related question involves use of a confidential interview with the child in the judge's chambers. Note "Use of Extra-Record Information," supra. note 100, at 352. Although such an interview may allow the judge to garner additional information, it does not allow the parties involved an opportunity to be apprised of the facts in the case.

102. The Freedom of Information Act, 5 U.S.C. Section 552 (1966 as amended through 1974); Privacy Act of 1974, 5 U.S.C. Section 522a (1974); Fair Credit Reporting Act of 1970, 15 U.S.C. Section 1681 ob. seq. (1970); Professional Standards Review Act of 1972, 42 U.S.C. Section 1320c (1972); Social Security Act, 42 U.S.C. Section 1306(a) (1935 as amended through 1975); Juvenile Justice Delinquency Prevention Act of 1974, 42 U.S.C. Section 5601 ob. seq. (1974); Alcoholic Treatment Act, 42 U.S.C. Section 4581 ob. seq. (1974); Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g (as amended through December 31, 1974).

103. California Bankers Association v. Shultz, 416 U.S. 29, 94 S.Ct. 1494, 1510 (1974).

104. Menard v. Mitchell, 328 F. Supp. 718, 722 (D.C., 1971); Menard v. Saxbe, 498 F.2d 1017 (D.C., 1974); Tarlton v. Saxe, 507 F.2d 1116, 1122 (D.C., 1974); Sullivan v. Murphy, 478 F.2d 938 (D.C., 1973); Ackerley v. Credit Bureau of Sheridan, Inc., 385 F. Supp. 658 (D. Wyo., 1974).

105. Menard v. Mitchell, supra. note 104; Roe v. Ingraham, 480 F.2d 102, 108 (2nd Cir., 1973); Doe v. McMillan, 412 U.S. 306 (1973); Merriken v. Cressman, 364 F. Supp. 913 (E.D. Penn., 1973).

106. Menard v. Mitchell, supra. note 104; Rose v. Department of the Air Force, 495 F.2d 261 (2nd Cir., 1974).

107. Note "Use of Extra-Record Information," supra. at note 100.

108. Matter of Carla L., 45 A.D.2d 375, 357 N.Y.S.2d 987 (1974).

109. Id.

110. Id.

111. Id. and In re M.B., 535 P.2d 192 (Cobrado, 1975).

112. In re Harshey, 40 Ohio App. 2d 157, 318 NE2d 544 (1974), affirmed on other grounds at 45 Ohio App. 2d 97, 341 NE2d 616 (1974).

113. Id.

114. At this writing only five states permit adopted persons access to information about their biological parents. See: ALA. CODE tit. 27, Section 4 (Supp. 1973); CONN. GEN. STAT. ANN. Section 7-53 (1972); KAN. STAT. ANN. Section 65-2423 (1972); S. C. COMP. LAWS ANN. Section 25-6-15 (1967); VA. CODE Section 63.1-236 (1973). However, these states do not allow the public or the natural parent access to these records. Four of these states do grant the adoptive parent access. See, ALA. CODE tit. 27, Section 4 (Supp. 1973); CONN. GEN. STAT. ANN. Section 7-53 (1972); S. C. COMP. LAWS ANN. Section 25-6-15 (1967); VA. CODE Section 63.1-236 (19730.

115. *Goss* v. *Lopez*, 419 U.S. 565 (1975).

116. *Fite* v. *Retail Credit Company*, 386 F. Supp. 1045, 1047 (D. Mont., 1975).

THE SPANISH SPEAKING/SURNAMED POOR

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I. THE TARGET POPULATION

A. Status of Research[1]

Gordon Allport (1958) stated: "Over-categorization is perhaps the commonest trick of the human mind. Given a thimbleful of facts, we rush in to make generalizations as big as a tub." (p. 9) This statement is descriptive of much that has been written about the Spanish Speaking/Surnamed poor (hereafter referred to as SS/S). Inappropriate generalizations, poorly designed studies, anecdotal reports of isolated enclaves, an author's romantic or depreciatory prejudices, and reports of this population's acceptance of and conforming with stereotypes are the essence of our current knowledge. Peñalosa (1968) correctly notes that the Mexican-American family has not been subjected to any systematic analysis. Montiel (1970) observes that the theories and concepts used to investigate this population are methodologically unsound and quasi-psychoanalytic, emphasizing a pathological perspective. He further asserts that uncritical acceptance and consistent repetition of unverified quasi-psychoanalytic notions of social scientists do not constitute an empirical reality. Romano (1967) refers to the social scientists' treatment of the Mexican-American family and other minority poor as ". . . mere tribal rhetoric and fiction" (p. 10), and recommends "discarding the teleological-cultural-tribal-mystical interpretation of the historical process." (p. 11)

In addition, the popularity of the "cultural determinism" perspective has contributed further distortions. This perspective has reigned from 1936 to 1977 with little interference from the more logical "structural-environmental determinism" perspective. Vaca (1967), in describing both perspectives, attributes the wide acceptance of the cultural determinism paradigm to two factors: 1) its facility for explaining the social ills of the SS/S without indicting oppressive or neglectful institutional policies and practices, and 2) its use in constructing a value system for the SS/S that will obviously prohibit their social improvement.

The cultural-determinism perspective is based on the notion that there is one static, homogeneous Anglo culture that is antagonistic to the static, homogeneous Latin culture. The multiple problems of the Latin population are attributed to this difference and antagonism between the two cultures. Thus, the multiple problems of the SS/S are blamed on his distinctive culture.

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[1] The research reviewed and the author's clinical experience pertain primarily to the SS/S of the Southwest. The majority of the SS/S of the Southwest are of Mexican descent.

The rarely espoused structural-environmental determinism perspective is based on the assumption that many complex factors contribute to the SS/S's disadvantaged position, such as 1) the effects of past and current overt and covert prejudicial practices; 2) the effects of prolonged cultural and economic conflicts with the dominant population; 3) use of social institutions, laws, violence and deportation to favor the majority's economic position; and 4) the multifaceted, debilitating effects of the self-perpetuating conditions of poverty.

Further distortion is contributed by the failure to differentiate cultural, poverty-specific and pathological features. Thus, prejudice, alcoholism, marital disharmony, depression, psychosis, malnutrition, learning disabilities, prejudicial teaching styles, and pervasive poverty are all erroneously attributed to the SS/S culture. This practice has serious and long-lasting consequences. Not only is the SS/S culture polluted, distorted and blamed, but the SS/S problems are improperly identified, and effective interventions are not considered.

Social scientists have also failed to consider cultural differences due to other factors such as proximity to the motherland, social class, nativity, neighborhood ethnic density, length of U.S. residency, opportunities for acculturation, and preferential identification with Indian, Spanish or black ancestry.

The extreme cultural heterogeneity within the Mexican-American, Puerto Rican, Central American, South American, Spanish and other SS/S groups constitutes another difficulty in specifying cultural characteristics. Peñalosa (1970) describes the Mexican-American group as one of the most heterogeneous cultural groups ever studied by social scientists. Romano (1972) describes wide cultural differences within families. Leon (1975) describes the Mexican descent as "a can of worms culturally." Grebler et al. (1970) found much social distance between Mexican-Americans born in the United States and those born in Mexico. Karno and Edgarton (1969) found a cluster of important differences between the SS/S whose language preference was English and those whose preference was Spanish. Thus, each of the many Latin cultural groups has wide within-group differences that defy mass stereotyping.

There is also much heterogeneity among the different SS/S groups, such as Cuban, Spanish, Costa Rican, Argentinean, Mexican, Brazilian, Columbian, Puerto Rican and others. Some members of these groups may feel intragroup kinship because of commonly shared language, music and literature, as well as commonly experienced institutional oppression. But these groups cannot be considered to be culturally homogeneous. The concept of one Latin culture is erroneous. If there are core cultural values and practices that transcend social class, nativity, regional, generational and individual group lines, available research has failed to delineate and empirically verify them.

Another barrier to understanding the low-income SS/S is the substandard quality of existing research on poverty, especially in the personality-poverty, family and childrearing areas. Allen (1970) reviewing existing literature, states: "The quality of much of the research in the personality-poverty area is seriously deficient even when examined with charity. Failure to provide controls for obvious confounding effects (such as influence of social class of the examiner, and intelligence); small and unrepresentative samples; and measuring instruments of dubious validity within the middle class group--not to mention validity across--are all too common. In many studies, sweeping generalizations have been made about poverty and personality on the basis of unsystematic observation and unwarranted influences." (p. 259) Allen continues, "Much of our 'knowledge' about personality and poverty rests on a very unstable empirical foundation." (p. 259) The Davis (1972) review of the literature specific to the personality development of the poverty child notes that due to lack of knowledge regarding the interaction of biological, social and environmental variables, only some generalizations based on research finding trends can be offered. Pearl (1970) writes about the "poverty of psychology," stating that the poverty-related literature is entrenched in the mythology of the poverty person's inadequate socialization. Herzog and Sudia (1969) reviewed the research literature specific to father absence, which may be poverty-related, and conclude that of 400 studies, only a small number were "reasonably sound in method." Kohn (1972) concludes that almost all the empirical evidence in the social class and parent-child relations areas stems from broad comparisons between the middle and lower classes. These comparisons make the erroneous assumption that the two classes are homogeneous. Kohn also points out that there is much heterogeneity with respect to other factors that affect parent values and practices. Caldwell (1971) emphasizes the limitations of existing research by stating, "With respect to the effect of psychosocial deprivation on the human infant, there has unfortunately been more speculation than investigation, or perhaps less speculation than unwarranted inference." (p. 6)

Considering the multiple deficiencies of the research on the culture of the SS/S, as well as in the poverty area generally, the recommendations offered by this writer must be interpreted within these limitations, as well as the subjectivity of the author's clinical experience.

B. Cultural Sensitivity vs. Cultural Stereotyping

No convincing evidence has been found to support the notion that the SS/S family is extraordinarily familistic, extended and patriarchal (Grebler et al., 1970; Padilla et al., 1976). Likewise, there is no reliable evidence that machismo is an SS/S cultural value. This widespread depreciatory belief system accepts pathological pseudomasculine behaviors such as alcohol abuse, degrading sexual practices, boasting, violence and domination of women, as normative for Latin males. This stereotype, which is accepted by many of the SS/S population, equally depreciates the Latin female by depicting her normative behavior as pathologically subassertive and masochistic.

Machismo can more appropriately be seen as one of the pathological consequences of poverty, father absence and a male-dominated sexist society. Several sources protest the association of machismo with the SS/S culture. Alvarez (1974) says, "For Anglo scientists to assume that this behavior [machismo] is normative behavior of the male in the Latin community is cultural imperialism at best." (p. 9) Paredes (1967) asserts that machismo is a universal trait to be found in both Anglo and Mexican cultures. Montiel (1970) criticizes the use of machismo as a pathological perspective in study of the SS/S. Minuchin et al. (1967) stress poverty rather than cultural factors by stating, "Interacting variables such as economic discrimination, the ghetto subculture, a pattern of migration and family disorganization (mother-centered families, divorce, desertion, separation, illegitimacy) result in confused masculine identity and a subsequent drive toward exaggerated masculinity." (p. 18) Steinmetz and Straus (1975) implicate poverty, with its deficiencies of adequate male role models, for machismo or "the compulsive masculinity syndrome" as Jackson (1975) calls it.

Nonmaterialism and noncompetitiveness are two other characteristics repeatedly attributed to the SS/S culture, but no reliable evidence exists that the SS/S are more or less materialistic and competitive than non-SS/S of the same socioeconomic class.

Exclusive reliance on family for advice, information and problem solving has frequently been attributed to the SS/S to explain their underutilization of services. Two current studies (Padilla et al., 1976, and Lopez and Enos, 1973) failed to support these views. Instead, they found the SS/S utilizing family as well as nonfamily resources. The studies also failed to find support for the popular notion that the SS/S overutilize the church for solution of their problems.

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The belief that the SS/S's limited academic attainment is due to parental disinterest or failure to inculcate a sense of the importance of academic achievement, as reported by Heller (1966), is also not supported by the existing literature. The Lopez and Enos study found 80.9% of their respondents were interested enough in their children's education to have visited the school at least once during the preceding 12 months. Anderson and Johnson (1968) found no difference between SS/S families and non-SS/S with respect to emphasis on education. Brasher and Martinez (1966) found their SS/S welfare recipient sample expressed a greater belief in the value of education than their black and Anglo welfare recipient samples.

Inadequate time orientation is another characteristic attributed to the SS/S. A frequent explanation for lateness and broken appointments is that "they use Mexican time." Again, there is no evidence for this notion. Reality factors such as inaccessible services, inadequate transportation, poor health and health care, lack of child care services, and multiple family stresses contribute to broken and late appointments.

Belief in curanderismo or faith healing and bewitching is another characteristic frequently attributed to the SS/S. Although multiple anecdotal or poorly designed studies such as those of Madsen (1964), Kiev (1968) and Warner (1977) give curanderismo, witches and hexes a prominent place in the SS/S "primitive" culture, other more recent and better designed studies do not support these notions.

Madsen and Kiev studies should be examined as prime examples of the type of derogatory generalizations derived from highly questionable evidence. Kiev, for example, studied a few SS/S faith healers and mentally ill patients and attributed to Mexican-Americans: inadequate mother-infant relationships; bisexual identifications; faulty id-ego differentiation; personal, familial and social weakness of the father; narcissistic, competitive, overindulgent and infantilizing attitudes in the mother; use of devious retaliation and sorcery by the men; preference for institutional dependency, etc.

Studies such as that by Edgarton et al. (1970) failed to find a significant belief in curanderismo among a large SS/S sample of Los Angeles. Padilla et al. (1976) found that none in his large sample recommended curanderos as a first resource for a person suffering from emotional problems. Only a small number of first-generation SS/S recommended curanderos for problems defined by the interviewers as bewitchment. This study found that curanderos were recommended as infrequently as priests.

Passivity and dependency are two other characteristics attributed to this population. Again, no convincing evidence was found. Brasher and Martinez (1966) found that their SS/S welfare recipient sample did not vary significantly from their black and Anglo recipients; on the contrary, the SS/S appeared slightly more assertive.

The influence of these "studies" and other widespread cultural stereotypes has resulted in rhetorical and/or simplistic recommendations for the SS/S' welfare and health care. For example, Torrey (1970) and others recommend that mental health services include curanderos to serve the SS/S client. To employ curanderos as health and mental health practitioners for the SS/S client is about as appropriate as employing witch doctors to treat the black client!

C. What Do We Really Know?

To design effective and well accepted intervention programs, we must accept the reality that currently we have limited reliable information concerning the SS/S cultural values and practices, family, health and health practices. We must give up our tenaciously held "cookie-cutter" attitudes that mass-stereotype, degrade and socially isolate the SS/S. The little we do know about the SS/S can be itemized as follows:

Extraordinary Tenacity to the Spanish Language. Extensive study of language loyalty "shows conclusively that Spanish is the most persistent of all foreign languages." (Grebler et al., 1970, p. 423) This persistence is not unusual. Spanish, not English, is the language of Spain and of most of the Americas. Many SS/S were natives of North America before the arrival of the Mayflower. Spanish was spoken in North America before English and it may not be considered to be "foreign." Other SS/S who arrived later are in close proximity to their motherlands, facilitating frequent visits and retention of Spanish fluency. Oppression has served to increase language loyalty via the slums, ghettos or barrios, which limit acculturational opportunities.

Persistent Difficulty With English-Language Mastery. There is consistent evidence that English mastery is limited among the low income SS/S. Grebler et al. found that 36% of their respondents lacked English fluency. Karno and Edgarton (1969) found that 40% of their sample spoke primarily or only Spanish. Lopez and Enos (1973) found that 25% of their respondents spoke only Spanish. Padilla et al. (1976) found that 42% of their sample spoke only or primarily Spanish. The Grebler et al. and the Karno and Edgarton studies found that English language competency was positively correlated to income and education. The importance of considering the

SS/S's degree of bilingualism when rendering services has been consistently pointed out: Karno, 1965; Morales, 1970; Opler, 1967; Boulette, 1974; Boulette, 1976.

Low Educational Attainment Levels. Average levels of educational attainment for the SS/S are not only consistently lower than for Anglos, but lower than for blacks. In 1950 the SS/S of the Southwest averaged 5.4 years of formal schooling, compared with 7.8 years for the black and 11.3 for the white population. In 1960, this educational gap was only slightly narrowed: the SS/S averaged 7.1 years; the blacks, 9.0 years; the whites,12.1 years. In 1973, the SS/S averaged only 9 years of school attainment; only 27% had finished high school, and only 2.4% had finished 4 years of college (Grebler et al. 1970; U.S. Partial Census, March 1973).

Among specific SS/S groups, the Mexican-Americans and Puerto Ricans trail far behind. "Other SS/S groups" had 53.8% finishing high school, and Cubans had 52.8% finishing high school.

Low Economic Attainment Levels. The SS/S, especially those residing in the Southwest, have been impoverished for more than 100 years. Their poverty has been associated with Mexico's defeat by the U.S. and the signing in 1848 of the Treaty of Guadalupe Hidalgo (Almaguer, 1971). In 1960 their per person mean annual income was 47% of that of the Anglo, while the nonwhite was 51% of that of the Anglo. (Grebler et al., 1970) Again, the SS/S seem to fare worse than their black disadvantaged brothers. The 1973 Partial Census indicates that the annual family income for those of Mexican descent was $7908; the other Spanish-surnamed groups averaged $8183. The "non-Spanish" group was said to average $11,116 per family per year.

Low Occupational Attainment. The SS/S consistently average twice the national unemployment rate. In 1950 their rate was 12.5%; in 1960 it was 8.5%; and in 1973 it was 14.4%. The SS/S of the Southwest were also found to earn less than Anglos at the same occupational levels (Grebler et al., 1970). The 1973 Partial Census indicated that 79% of the Mexican-American males 16 years old and older were employed in the lowest paying occupational categories. This report also indicated that few gains in employment had been made from 1960 to 1973.

Occupation	% Employed, Census Year	
	1960	Partial 1973
Professional-technical	3.9	4.8
Management-administrative	4.3	5.3
Sales	3.4	2.5
Clerical	4.6	4.1
Craftsmen (auto mechanics, machinists, etc.)	15.8	20.0
Operatives (drivers, pressers, gas station attendants)	22.9	28.4
Farm workers	18.2	8.8
Service workers (janitors, maids)	7.2	12.0
Laborers	14.4	14.0
Not reported	5.1	--
	99.8	99.9

Rapid Population Increases. The SS/S as a whole are showing rapid population increases. The Mexican-American group as compared with other SS/S groups shows the highest increase. This group's high fertility rate was noted by Grebler et al. (1970), Moore with Cuellar (1970), and Barrett (1966), who state that the Mexican-American's fertility exceeds that of the black and native American, except for certain isolated southern pockets and Indian reservations. The 1973 average for this population is 4.4 persons per family, a slight decline from the 1960 average of 4.7. Fertility is inversely related to socioeconomic status, as noted by Vandenberg (1970). Additional factors are the influence of the Catholic Church and the presence of recent immigrants and of undocumented persons who may not have easy access to health and family planning services.

Population Youthfulness. In addition to the poverty-related factors, the youthfulness of Mexican-descent population also contributes to its rapid increase. In 1973 the median age was reported to be 18.8. Obviously, a younger population signifies a higher potential for increased birth rates, the presence of a higher proportion of children, and a much lower proportion of persons 65 years and older. Only 10% of the families had a member who was 65 or older.

Poverty-Prejudice Characteristics. Even though appropriate surveys with large numbers of the SS/S have not been conducted, it is logical to infer that this population is overrepresented among welfare recipients, incarcerated adults and juveniles, alcohol and "hard" drug addicts, pregnant teen-agers, school dropouts, gang members, the divorced, separated and deserted; and the physically and mentally ill. These are not cultural characteristics, but poverty-prejudice concomitants.

Population Characteristics. In 1970, 9.2 million persons identified themselves as Spanish-speaking; of these 5 million were of Mexican descent. In March 1973, 10.6 million identified themselves as Spanish-speaking; of these 6.3 million were Mexican-Americans. Thus, the Mexican-Americans compose approximately 60% of the total SS/S population. About 82% of those of Mexican descent are in California and Texas. About 85% were born in the U.S., and about 80% live in urban areas. An additional 5 million to 8 million SS/S are said to be undocumented residents.

II. MULTIPLE HAZARDS--IMPLICATIONS FOR PREVENTION

Intervention strategies must consider not only the SS/S' wide intragroup and intergroup cultural differences; the intervening influences of social class, nativity, region and acculturation; and individual differences; but also the multiple hazards that handicap and disadvantage this population. It is hoped that this holistic approach will lead to preventive programs to reduce these hazards effectively.

A. Health Hazards

High risk pregnancy patterns associated with the SS/S' minority and poverty status expose the mother and child to unfavorable conditions that have seriously damaging consequences--physical, intellectual, emotional. Examples of these high risk patterns are: 1) preteen and teen-age pregnancies; 2) pregnancy among the physically unhealthy; 3) pregnancy patterns that start too soon, occur too often and last too long (Birch and Gussow, 1970); 4) conception, gestation and delivery without family planning, eugenic counseling, prenatal care and medically supervised parturition; 5) malnutrition (especially protein deficiency) before, during and after pregnancy; 6) exposure to contagious diseases and physical abuse; 7) alcohol and substance abuse; 8) pregnancy under other unfavorable poverty-related conditions.

Even if the SS/S mother and her child were to survive the maternal and neonatal risks, which are higher than those for the general population, both are more frequently exposed to conditions that can seriously impair their ability to develop their full potential. The SS/S child, by virtue of his minority and poverty status, is exposed to high frequencies of mental retardation (Birch and Gussow, 1970); premature and low weight births (Birch and Gussow, 1970; Kosa et al., 1969; Robinson, 1972); congenital birth defects (Snapper et al., 1975); childhood influenza, pneumonia, gastroenteritis, colitis and other conditions (Birch and Gussow, 1970); diseases due to failure to provide immunizations; diseases due to environmental stress, dietary and other factors (Kosa and Robertson, 1969); dental diseases (Lerner, 1969; Birch and Gussow, 1970); and terminal diseases that could be controlled by early detection, such as cancer of the breast, colon and cervix, and tuberculosis.

A major contributor to the serious health hazards of the SS/S is pervasive neglect by governmental and medical institutions. Neglect of the poor is clearly documented: 1) The poor have one of the highest neonatal and maternal mortality rates (Birch and Gussow, 1970). 2) Poverty-linked low birth weight is a major factor in infant mortality and morbidity. For example, low birth weight infants have 17 times the death rate and three times the number of birth defects as normal weight babies (Snapper et al., 1975). Maternal malnutrition is a factor in low birth weight (Robinson, 1972; Kosa et al., 1969; Birch and Gussow, 1970). 3) Toxemia, a serious pregnancy complication, occurs more frequently among the poor (Marans and Lowrie, 1967). 4) The prevalence of tuberculosis is often considered an indicator of risk of illness. The national incidence rate of this disease is 29 per 100,000; in poverty minority areas of Central Harlem and Chicago, the incidence rate was 150 to 200 per 100,000 (Birch and Gussow, 1970). 5) Low income youngsters were found to have 60% more caries (Lerner, 1969). 6) Cerebral palsy, epilepsy, mental retardation, behavior disorders, reading disabilities and tics occur more frequently in low income children (Hersch, 1969). 7) Brain injuries due to complications of pregnancy and parturition occur more frequently in the poor (Eisenberg, 1970).

Governmental and medical institutions have failed to demonstrate concern for the plight of the SS/S in particular, not documenting the incidence and prevalence of health hazards and physical dysfunctions among this population. Nonexistent for the SS/S are data on maternal, neonatal, postnatal and adult mortality rates; incidence rates of mental retardation, congenital birth defects, prematurity, low birth weight, etc. Also, no efforts have been made to ensure that tax-supported programs created to reduce these health hazards are effectively utilized by the SS/S poor.

B. Intellectual Hazards

The many health hazards affecting the life of the SS/S also have serious intellectual consequences. Considering the special risks related to gestation, birth, infancy and childhood of the SS/S, it seems reasonable to predict a higher incidence of neurological problems and learning disabilities. Eisenberg (1970) notes the serious academic impairment resulting from brain injuries associated with pregnancy and birth complications, as well as from the neuropsychiatric disorders associated with low birth weight. He deplores the needlessness of these intellectual hazards. Moffit (1972) concludes: "First, it is indisputable that disadvantage in its many forms has profoundly deleterious effects on the language and thought of the growing child. Second, it appears that many of the deficits can be prevented and are remediable if they occur." (p. 61)

Educational Institutional Failures. Accessible, appropriate and effective education can be one of the most important interrupters of the vicious, self-perpetuating cycle of poverty. Moffit (1972), however, concludes that the poverty child "appears to be progressing through a universal sequence of developmental stages at a slower rate than his middle-class counterpart" (p. 61), and that the school environment seems to prolong and delay this process. Passow (1967) lists the many failures of the schools: 1) failure to understand the psychosocial implications of poverty and to perceive the significance of minority status; 2) inability to assess the specific nature of the cognitive deficits of each child; and 3) willingness to view minority disadvantaged children "as a stereotyped mass rather than as a group of youngsters displaying a wide range of differences." (p. 61)

Educational institutions with a high minority population are likely to permit additional hazards to the SS/S child's development. These hazards include tolerating physical violence from peers, and traffic in and use of "soft" and "hard" drugs, tobacco and pornographic materials.

Failure of the schools to understand and involve the SS/S family also interferes with academic attainment. The varied cultures and strengths, as well as the multiple burdens of SS/S families, should be recognized. SS/S families should be encouraged to perceive the school as an institution that belongs to them and to their children. The feeling of ownership can be increased by using school buildings for community activities; using murals, paintings, proverbs and poems to reflect the cultural pluralism of the students; and by hiring multicultural staffs.

School curriculums should reflect the multiple interests and needs of SS/S children. Preparation for college, as well as for technical, business, clerical and other occupations, should be available at the high school level, but many SS/S will not be able to continue their education after graduating from high school, and high school must prepare them to earn a living.

The failure to appreciate and reinforce bilingualism and cultural pluralism is another unfavorable factor. Moffit (1972) concludes, "When the language of instruction is not the native language of the child, effective manipulation of the words and symbols of the academic environment is denied to the child, and success is almost automatically precluded." (p. 43)

Poverty-Related Cognitive Defects. Moffit (1972) indicates that poverty is associated with depressed IQ, reading and arithmetic scores, reduced word knowledge, poor articulation and inability to discriminate speech sounds. Bernstein (1964, 1965, 1966, 1970) hypothesizes that poverty is associated with the use of a restricted linguistic code characterized by its explicit, communal, concrete, practical, here-and-now, rigid, particularistic and narrow syntactic aspects. If Bernstein's hypothesis is correct, use of a linguistic code different from the one used by the mainstream of society may have serious intellectual and emotional consequences for the SS/S poverty child, who is likely to experience lack of continuity, confusion and failure.

Classroom Teaching Styles Favoring the Middle Class. By emphasizing and rewarding competition, assertiveness, self-confidence and ability to articulate, classroom teaching styles place the SS/S poverty child at a disadvantage. Cohen (1955) and Aronson (1976) recommend that teaching styles emphasize cooperation, to allow the poverty child gradually to learn the required skills.

Father Absence. The father's physical presence and guidance can be of great benefit to both father and child. Unfortunately, many factors interfere with involvement of the SS/S father, including 1) marital disharmony, unemployment and incarceration; 2) addiction to alcohol or other drugs; 3) prolonged, physically exhausting work; 4) cultural and social class beliefs that rigidly describe child-rearing as "woman's work"; 5) immigration to the U.S. ahead of the family, etc.

Neglect by the Psychological Profession. The neglect of the SS/S by the psychological profession constitutes another intellectual hazard. Early studies by psychologists primarily served to "prove" that the SS/S child was mentally inferior, as indicated by inappropriate class-and-culture-bound IQ tests (Vaca, 1967; Padilla and Ruiz, 1973). Padilla and Ruiz state: "Little effort has been expended on standardizing a test of intelligence for the SS/S population. Thus, educators and psychometricians continue to make erroneous predictions based on IQ scores from the SS/S." (p. 71)

C. Emotional Hazards

The physical and intellectual hazards associated with poverty and minority status obviously have unfavorable emotional consequences. Because of current lack of knowledge regarding the interaction among biological, social and environmental variables, the precise impact of poverty on personality development and mental health cannot be delineated, but some general trends can be specified. Davis (1972) indicates that the conditions of poverty encourage a multitude of stimuli that are not focused toward the infant's learning needs. This situation is made worse by the parent's lack of knowledge about appropriate socialization procedures. Kohn's (1972) review of research on class and parent-child relations indicates that studies consistently demonstrate certain childrearing differences between the middle class and the lower class. Lower class parents are said to want the child to conform to external standards by being obedient, neat and clean; the parents use more physical punishment and allow less expression of internal processes. Other factors constituting hazards to the SS/S' emotional health are as follows:

Overt and Covert Prejudicial Attitudes and Practices. Prejudicial practices and beliefs are perceived by the SS/S, and evoke a variety of responses. Allport (1958) describes traits due to being victimized by prejudice as: individual ego defenses; obsessive concern over prejudice; denial of ethnicity; withdrawal and passivity; clowning; strengthening of ingroup ties; slyness and cunning; identification with the dominant group by developing self-hate; aggression against own group; prejudice against other outgroups; sympathy with other outgroups; militancy; enhanced striving; symbolic status-striving (big cars, jewelry, furs, etc.); neuroticism; and self-fulfilling prophecy by conforming to the prejudicial expectations of others. The powerfully handicapping effects of poverty and racism on the SS/S child and other minority children have been documented by the Committee on Children of Minority Groups, established by the Joint Commission on Mental Health of Children. Langner et al. (1970) suggest that ethnic discrimination (as well as poverty) is associated with the high degree of psychiatric impairment found among Puerto Rican children.

Maternal Deprivation. There are many reasons to conclude that the SS/S child is exposed to a higher rate of maternal deprivation: high maternal mortality rates; immigration that necessitates leaving young children behind; and the necessity for the mother to work.

There is some controversy as to the inevitability and irreversibility of the effects of mother deprivation (Yarrow, 1961, 1964; Ainsworth, 1962). There is also controversy as to what influences the negative effects, because the deprivation variables are difficult to disentangle and study (Caldwell, 1971). Nevertheless, disruption in maternal care is likely to have negative effects associated with psychiatric impairment, as Langner et al. (1970) demonstrated.

Father Absence and Stressful Fathering. Father absence in relation to the SS/S child has been discussed earlier. Even though 10% of the children in the United States are being reared in fatherless homes (Briller, 1971), the poor quality of research prevents specification of the consequences of father absence on personality and intellectual development (Briller, 1971; Herzog and Sudia, 1969; Herzog and Lewis, 1971). Nevertheless, father absence obviously places a tremendous burden on the mother, and this added stress may interfere with healthy child-rearing practices. Older children may be placed in inappropriate adult roles, and it can be assumed that they and the younger children may be deprived of male identification, nurture and guidance.

When the father is present in the household, the low income SS/S child may undergo stress because of the father's unemployment, poor education and reality problems. The father's powerlessness and his damaged role as a provider may encourage maladaptive behaviors, placing further stress on the child.

Faulty Child-Management Practices. Child-rearing practices that frighten, degrade, depress or confuse the child adversely affect his self-esteem, his confidence and his general mental and physical health. The following faulty child-rearing practices have been observed by the author or reported by her low income SS/S mental health clients and other SS/S parents:

1) Frequent and severe physical punishment--shaking the child, pulling his hair, ears or arms; slapping his face, head and ears; using belts, shoes, clothes hangers, electrical connections, broom handles and sticks to hit him.

2) Degrading punishment--calling the child "stupid," "idiot," "animal" and "burro"; shaming and scolding in front of friends; indicating that the child is bad, or sinful; comparing him unfavorably with others; and calling him the family's "black sheep" or "bad like your father."

3) Frightening punishment--telling the child that the devil, ghosts or other frightening figures will take him; telling the child he will be given away or will no longer be loved; locking the child in a closet or dark room; dangling the child out of a window or other high place; or making other threats.

4) Excessive attachment between mother and child, which discourages independence, self-reliance and healthy attachment to the father and others. This pattern is usually associated with marital disharmony and/or psychopathology in the mother. The mother becomes excessively attached to her children, refusing to leave them even for a few hours, and at times sleeping with them.

5) Suppression of the child's emotions, especially anger and sorrow. Expressing anger, grief or sadness may be punished, ridiculed or discouraged in other ways by the SS/S parent. Stoic compliance and obedience are rewarded.

6) Burdening of the older child with rearing of younger siblings, depriving him of needed play, school activities and regular school attendance.

7) Use of children as interpreters. Low income SS/S children, even when very young, may be used as interpreters by their parents. These children not only are deprived of school and other activities, but are exposed to emotionally sensitive adult matters. Failure of various institutions to provide interpreters encourages this practice.

8) Excessive or inappropriate work requirements. Inappropriate work can discourage and physically exhaust the SS/S child, already stressed by many other reality problems.

9) Degrading of one parent by the other parent or by other family members. The "offended," "deserted," "neglected," or "abused" parent at times uses the child to vent feelings of disappointment, anger, or grief concerning the other parent.

10) Insufficient or inappropriate sex education. Regardless of the parents' intentions, the child's first and most profound sexual education occurs in the home. Depending upon the mental health of his parents, the quality of their marital union, and their educational resources, the child may learn to appreciate, scorn or fear members of the opposite sex, and these early impressions will influence his adult life. For example, the machismo frequently attributed to Latin males may represent poverty-related sexist notions that depreciate and degrade men and women.

The SS/S mothers are usually the more available parent to educate their children in sexual matters. This author has frequently found these mothers to be poorly equipped to provide sex education in a progressive, accurate and appropriate manner. They show much embarrassment, timidity and lack of sexual information, misinterpreting curiosity and inquisitiveness as perverted sexual interest.

They discourage and at times punish natural inquiries and behavior. Lack of sex information written in basic English and basic Spanish makes it difficult for the low income SS/S mother to improve her level of information. Further, the crowded conditions in the SS/S child's home facilitate his viewing or hearing sexual behaviors that may confuse and disturb him.

Exposure to Family Pathology. Emotional disturbance of one or both parents can affect the emotional health of the SS/S child. The following problems have been frequently observed in the author's clinical practice: severe and chronic marital disharmony, including wife battering; psychophysiological symptoms and chronic depression in the mother; alcoholism or heroin addiction and depression in the father; incest between father and daughter; and psychotic symptoms in mother, father or other family members.

Emotional Hazards Due to Divorce. In 1972 more than 1 million children under 18 years of age were involved in the divorces of their parents (Snapper et al., 1975). A large percentage of these children are likely to be SS/S because of the previously described hazards and multiple stresses. A Census Bureau report (San Francisco Chronicle, Sept. 10, 1977) indicates that blacks and Latins are more likely to divorce than Anglos. Among Anglo children of 18 years or less, 70% were living with both natural parents, as compared with 61% for Latin children and 46% for blacks. Langer et al. (1970) provide evidence of divorce-related psychiatric impairment in children. Many studies report multiple unfavorable effects of father absence, especially to male children (Briller, 1971). However, the grossly deficient designs of these studies (Herzog and Sudia, 1969) make prediction difficult.

Emotional Hazards Associated With Inappropriate Foster Placements. In 1972, 237,000 children were in foster family care, 5000 in group homes and 65,000 in institutions. The total of children receiving foster care of some sort was 307,000 for that year (U.S. DHEW, March 1972). The number of SS/S children removed from their parents, the appropriateness of these decisions, and the impact of the separation on the child's mental health are not known. It is also not known how many children were placed in households alien to their own by virtue of wide differences in social class, culture, language and neighborhood. Also not known is the hazard of leaving a child in his dysfunctional home, as compared with separating him from his parents and placing him in an alien home. The potential for physical, emotional and sexual abuse in foster homes versus parental homes is also difficult to determine.

Substandard Child Care Facilities. SS/S children in day care facilities are likely to receive substandard care because licensed, enriching facilities are not yet readily available to all who need them. Seelig (1975) states that "one out of three preschoolers has a working mother, yet less than 5% of these children are accommodated by licensed day care." (p. 3) He urged the passage of legislation such as the "Child and Family Service Act" that promotes high quality day care for all children who need it. Existing child care facilities also may not meet the needs of the low income SS/S child by failing to provide bilingual, bicultural male role models, and appropriate cultural and linguistic continuity.

Neglect by the Psychiatric and Psychological Professions. The psychological and psychiatric professions have not been sufficiently interested in investigating the needs of the SS/S, or in creating preventive and treatment programs specific to these needs. Of the 18,330 articles on psychological assessment reviewed by Padilla and Ruiz, only 14 referred to the SS/S and seven of these only tangentially. The curriculums for training psychologists and psychiatrists have only recently included course work specific to the psychosocial aspects of poverty and the culture of the minority client. Recruitment, admission and licensing practices of these professions have all but excluded the SS/S from their professional ranks. Olmedo and Lopez (1977) estimate that of all the psychologists and psychiatrists in the nation, only .5% are SS/S. Additionally, many of this small number are not of Mexican descent, but are Spaniards and Cubans. Still further, those of Mexican descent may be citizens of Mexico who plan to return to Mexico.

D. Cultural Hazards

Seelig (1975) notes the importance of culture and ethnicity:

> Culture and ethnicity so shape the lives of parents, children and professionals that the two become a dimension of learning and development. To better understand the child and the family, we need to understand the cultural baggage that the child brings to the school, preschool or agency setting. Without understanding the culture of the child and the family, and how it diverges from the values and the culture of public institutions, it will be difficult for the professionals or the institutions to meet the child's needs. Inability to understand children of varying cultures will make it difficult for professionals to understand either the child's learning and growth, or his family's ability or inability to cope. (p. 2)

As noted, the SS/S culture is heterogeneous, and well designed studies have not found evidence of the many degrading peculiaristic and/or romanticized stereotypes frequently attributed to this population. The characteristics supported by reliable evidence are primarily demographic rather than cultural. Persistently repeated, unverified cultural distortions constitute a major cultural hazard facing the SS/S. Movies, advertisements, literature and poorly designed "scientific studies" describe the Latin as dependent, superstitious, violent and distinctively different from other human beings. Years of this type of indoctrination have resulted in this population's widespread acceptance of degrading cultural characteristics. Some even refer to behaviors, attitudes and conditions that are highly destructive to them and their families as "my culture."

Another serious cultural hazard facing SS/S children is the overt, covert and pervasive messages that indicate that economic success is possible only if they give up their language and their historical and cultural heritage. The destructiveness of these messages can readily be seen as youngsters find themselves deprived of the richness of their culture, isolated from their historical roots and alienated from their Spanish-speaking parents and extended family. Their marginality and isolation become more pronounced when, because of skin color, poverty, or other factors, they meet rejection from the dominant culture.

Yet another cultural hazard is the societal failure to appreciate the benefits of cultural identification. Cultural practices, though varied, can provide a supportive network, historical continuity, personal enrichment, and a sense of belonging. The extended family and compadres (coparents or godparents), when available and functional, are tremendously important to the SS/S child, as well as to his family. The rich history, art, songs, traditions, dichos (proverbs), and chistes (jokes) of the Cuban, Puerto Rican, Mexican and other Hispanic groups, constitute a source of vast knowledge and pleasure. As Eisenberg (1970) so well stated: "There is one antidote that may serve as a soul-saving measure while the major struggle for human dignity is being fought. And that antidote, not without its own toxicity, is pride in race." (p. 334)

III. PREVENTION STRATEGIES

It is abundantly clear that prevention strategies are urgently needed for the SS/S poor. It is especially important to identify and reduce social and other conditions and circumstances that are hazardous to this population. It is also important to assess and decrease existing physical and emotional dysfunctions among the SS/S poor.

Currently, there are many federally supported programs aimed at reducing the impact of poverty concomitants. However, we do not know the effects of these programs on the SS/S poor. Thus, it is important to determine if and to what extent the SS/S poor are aware of, participating in, or benefiting from available programs, and to control factors that may discourage their participation.

A. Additional Programmatic Recommendations

Create a commission on the status of Spanish-speaking surnamed children. This commission should be directed by an SS/S professional, with the needed manpower and technical assistance (from a carefully selected Task Force), to design and direct a project to:

1) identify prevalent rates of major physical and intellectual dysfunctions among the SS/S in general and among lower social classes of SS/S groups;

2) investigate causative factors in these dysfunctions;

3) investigate the extent of current program utilization by different SS/S subgroups, and determine the effects of this participation;

4) disseminate findings and recommendations to federal, state and county staffs concerned with the welfare of children, as well as to organizations and citizen groups acting as advocates for SS/S children;

5) encourage needed legislative changes;

6) determine the long-term effects of the commission's recommendations for decreasing health, intellectual, emotional and cultural hazards by conducting a followup study.

Investigate the need for major changes in the structure, philosophy and staffing patterns among the various divisions under HEW pertaining to the SS/S child. As previously emphasized, the quality of life of the SS/S child cannot be significantly improved without specific knowledge concerning hazards affecting him. Efforts to specify such hazards will be monumentally difficult. Programs to decrease such hazards will also be complicated, involving different philosophy, staffing patterns and program focus than are prevalent.

Integrate top administrative posts. The inclusion in top administration of female and male SS/S professionals (especially Mexican-Americans and Puerto Ricans, the most numerous and disadvantaged SS/S groups), will further advocacy for the SS/S child. To make programs effective, cross-division cooperation and sharing of resources are needed. Unless these and other changes occur, it is unlikely that the spending of millions of dollars will make a significant difference in the lives of the SS/S poor.

Create an effective, low-cost procedure for hearing the voices of the consumer. Provide well publicized, toll-free phone centers staffed with bilingual paraprofessionals who record and distribute comments from the poor. A cheaper alternative is to encourage letter writing by the poor by distributing free stamped and addressed postcards.

Select as consultants SS/S academicians and clinicians who represent a wide area of expertise (medicine, nursing, hard science, business, law, psychology, etc.) and who have different perspectives. These experts can be selected from Hispanos Who's Who (June 1976) and National Directory of Chicano Faculty and Research (1974, Aztlan Publications, UCLA) and other sources.

Encourage development of multiethnic, comprehensive models of prevention and service. Much of the current ethnocentric focus is primarily useful for ensuring that previously neglected groups receive money and attention. Multiple ethnic groups can be well served by comprehensive programs employing integrated staffs that are not pitted against one another. Such programs prevent wasteful duplication and encourage coalition among the various multiethnic staffs.

Develop a publication for SS/S information concerning proposed legislation, results of federally supported projects, availability of books and films, and novel programs. As has been noted, although there are many publications concerning the SS/S, many of these cannot be utilized to improve services to the SS/S.

B. Family-Focused Recommendations

Multiservice Neighborhood centers. These centers could identify the need for and encourage utilization of: eugenic and birth control counseling; prenatal care and medically supervised births; postnatal and well-baby clinics; baby and family health clinics; emergency and crisis services; mental health and early childhood services; and comprehensive nutritional counseling (weight control, prenatal, family and special diets). These centers could operate as neighborhood storefronts, providing transportation, babysitting, needed information, referral, advocacy and friendship. Healthy unemployed male and female bilingual persons could be utilized as paraprofessionals who are trained and supervised. This type of program has the advantage of being low cost, of hiring unemployed minorities; of encouraging use and modification of existing community services; and of encouraging mutual aid among neighbors. Such centers could also provide evening and weekend parental instruction in child care and sex education, as well as control of alcohol, drug, child and wife abuse, etc.

Bilingual 24-Hour Hot-Line Telephone Counseling. This service is essential in areas with high concentrations of SS/S residents, where there is frequently a lack of English fluency; a lack of bilingual police, fire, emergency room and other services; and a low use of resource information and service. A bilingual 24-hour hot line could be mainly staffed by supervised unemployed minorities, providing therapeutic listening and referral for medical and mental health care, welfare, police, emergency child care, temporary housing, and other services.

Bilingual Educational Materials. Simply written bilingual materials are practically nonexistent, yet urgently needed. *Una Familia Sana--A Healthy Family* (Boulette, 1975) is one of the few available bilingual, concretely written mental health educational booklets. Other such materials should be developed in the areas of sexual education, marital disharmony, obesity, prevention of wife and child neglect and abuse, etc. Low-cost distribution of available materials should be facilitated.

Bilingual Television and Radio Programming. Television and radio programming can be a powerful tool for orienting the low income SS/S consumer toward the use of community services, and for encouraging primary and secondary prevention. Additionally, the wide gap between client and professional may be at least partly bridged by giving the consumer a chance to see the professional "in action."

Two-thirds of all foreign language programming on 40 radio and nine television stations is in Spanish. A recent study (Lopez and Enos, 1973) reports that consistent viewing of Spanish-language television by the SS/S is a class-linked phenomenon. The primary users were found to be poor, minimally educated, older, foreign-born (75.5% from Mexico), and monolingual (Spanish only). Only 1% of their respondents had no television sets, while 50% had two or more sets. Thus, Spanish TV is likely to be a powerful educative tool. However, the few educational health programs that have been translated are practically useless. The translations are in the Spanish of the upper classes, which is not well understood or acceptable for the SS/S poor, who are poorly educated not only in English but in Spanish.

This writer has written and produced over 40 Spanish-language educational mental health television programs, and 10 5-minute radio programs with the low income SS/S viewer in mind. Latin music, concrete simple Spanish, traditional sayings and humor were used. Positive local and statewide response was obtained. Also, the programs were converted into audio cassettes for use in home, community and agency settings. The focus of these programs was to provide basic information concerning health, marital and childrearing practices in an effort to decrease child abuse and neglect. Production of other programs is pending. Both the TV and radio programs have been master-taped to facilitate duplication.

Early Intervention Family Programs. Early detection of serious family stress is urgently needed. Services rendered after families become quite dysfunctional can be useless. Especially essential are strategies to influence and assist the low income SS/S father, who is neglected and weakened by most social agencies. It is also important to strengthen the father's role by involving him as a paraprofessional in agencies. This will give him not only earned income, but community and family esteem. Male paraprofessional helpers could visit distressed fathers in their homes, pool halls, bars, neighborhood centers, etc. The helpers could be supportive role models, who give information and referral for employment, planned parenthood, health clinics, legal services, etc. Also needed are classes in English, citizenship, vocational training, assertive training and community organization taught by bilingual community residents.

Use of Ethnic and Poverty-Specific Interventions. "Meriendas Educativas" (educational Kaffee Klatsches or teas) seems a fitting name for the informal, early afternoon, educational group discussions this author has conducted with low income Spanish-speaking women (Boulette, 1977). The goals of the meriendas are: 1) sharing basic primary prevention information; 2) reducing the social distance and distrust between mental health worker and parent.

IV. CONCLUSION

Implementation of these and other strategies would be difficult and time consuming, involving years of highly focused work for study of the recommendations, implementation of some by legislation, and development of appropriate programs. Evaluation of program utilization patterns, impact and modifications would take additional time. By the end of the century, surveys might indicate the following changes: 1) increased levels of health; 2) increased educational attainment; 3) increased occupational attainment; 4) increased levels of social and mental health; and 5) increased levels of cultural health as indicated by retention of language, culture and traditions; continued identification with ancestry, language and culture; decreased acceptance of degrading or romanticized stereotypes; decreased adherence to the distinctive culture perspectives; increased efforts to change prejudicial policies and practices; and the creation of well designed, broad-scale research projects to identify core cultural values and practices specific to the SS/S regardless of social, education, nativity or other factors.

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REDUCING SUBSTITUTE CHILD CARE THROUGH NATIONAL FAMILY POLICY

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I. RATIONALE FOR A POLICY APPROACH

It is commonplace to associate concerns about child welfare with interventive approaches to the family. Children usually are reared within a family structure, and it has long been recognized that family dysfunction leads to both child placement and developmental disturbance for children. Therefore, service to maintain family function or rehabilitate dysfunctional families has long been considered an aspect of child welfare services, though it has not commanded resources equal to those used to provide foster care.[1]

It is difficult, however, to reach agreement on how such service should be carried out. Is therapeutic intervention with the family ancillary to the primary function of child placement? Or is treatment of the family a different concern? Should child placement services be established within the framework of family-centered programs, or is family treatment an appropriate aspect of child placement? Is therapeutic intervention with the family the only "family treatment"? Should the approach to problems of dysfunctional families be through therapeutic processes, or are there indications of widespread social-system difficulties for the family that produce an outfall of children needing placement? Should attention then be directed more toward policy formulation than to the treatment of individual families?

If national efforts are to utilize family intervention in child care, such questions must be answered if we are to establish realistic program goals within resource constraints.

This paper presents reasons for development of a comprehensive, cohesive family policy in the United States, rather than a narrow, program-oriented approach to prevention of removal of children from homes.

Within the child welfare field, there is a well established linking of interventions concerning child care with the family. A legitimate activity in the process is serving the child in his own home.[2] Such services have been described as similar to those provided by family agencies, with the possible addition of supplementary services, and with the degree to which placement may be prevented being determined by the motivation of parents as they seek help.[3]

Traditional descriptions of family-oriented child welfare practice have important limitations as a base for considering a national posture toward prevention of substitute child care through family intervention. For one thing, there are difficulties in encompassing modern social work practice, whose methodology has virtually exploded over the last 15 years, and which now includes team relationships among professionals, or between paraprofessionals and subprofessionals, an increasing array of tools, and other variables in the design of service.[4]

Also, the growing interest in advocacy as an element of social work practice is particularly pertinent to this discussion.[5] A relationship between client need and social conditions is recognized. The role of the social worker may be expanded to intervene in social systems, not only with individual client problems. Advocacy practice connects modern casework services with the emphasis upon social conditions that characterized the early social work pioneers--helpful intervention transcends the case situation, and society itself must be considered in order to serve people effectively, even in individualized human services. Thus, it is difficult to discuss how child placement may be prevented through intervention with the family without enlarging the perspective.

In 1970, Moynihan considered the state of policy science as compared with program planning.[6] His major concern, that in the 1960s government had rushed prematurely into programs in an effort to correct problems without placing them within a policy context, seems to hold up well. But perhaps more importantly, Moynihan made clear that program development must be placed within a larger policy orientation, or it becomes incoherent and wasteful. To avoid repeating such mistakes in social programming, child welfare should be placed in the larger frame of family welfare, and, in turn, national family policy. If effective programs are to be designed, they should be synchronized with other programs and public activities through policy formation.

With recognition that policy always exists, either wittingly or unwittingly, that even inaction represents a policy, and that perceptions of the policy-making process are legion,[7] we use the term "family policy" to speak of comprehensive guidelines to provide coherent program content for families through government activities explicitly considered.

Observers have increasingly pointed out the lack of such family policy in the United States. The prestigious National Research Council report, Toward a National Policy for Children and Families, stated in late 1976:

> Categorical, single-strategy programs, while effective in meeting some of the specific needs of many families, have failed to provide the support required by many families with multiple needs. In addition to programs specifically directed toward families and children, public policies in many areas have effects, both positive and negative, on the welfare of families. Despite this fact, little explicit

attention is given to the impact on families and children of welfare, health, housing, transportation, environmental regulation, criminal justice, recreation, consumer protection, and other programs, both old and new.[8]

There are many reasons for this policy gap. American social welfare patterns have tended to be directed to particular social problems, not to more comprehensive support available for all citizens.[9] Related to this is a tendency to presume that government action must be intrusive, and that the role of government must be regulatory.[10] In fact, the separation between government and family connects with the very roots of American government; the Constitution avoids mention of the family, and establishes a contract between the individual citizen and his government. The development of individualism was for years a cornerstone of assumptions of cultural progress, and the family was often seen as an anomaly.[11]

The effect of these attitudes has been pessimistically described by Schorr.[12] He concludes that government can be responsible to family need only if it is not in conflict with the tradition of individualism, if family policy can be placed in the context of other kinds of policy, or if the narrowest possible issues can be settled upon in order to find some political consensus. Under such circumstances, it is small wonder that little comprehensive family policy has evolved.

But interest in the subject has been escalating rapidly. On the political front, during the 1976 presidential campaign, two presidential candidates expressed concern about family policy.[13] One was subsequently elected, but the translation of concern into family policy goals has not unfolded at this writing. However, other activities related to national politics are likely to support further development of family policy. The entry of the National Science Foundation into such considerations is significant.[14] Before his election as Vice President, Walter Mondale was a leading advocate for the development of a family impact statement.[15] Many foundations, academic centers and public service organizations have begun to consider the matter. A White House Conference on Families has been included in the proposed federal budget. Despite the difficulties, many now believe that development of national family policy is feasible.

There is more to recommend a policy approach in child welfare than political feasibility. The field of child welfare has central interest in child care, normally a function of the family. Kadushin has described child welfare as supportive, supplemental or substitutive of this family function.[16] Thus the field finds itself attached to a family function that in turn operates in conjunction with other family functions. Getzels has described the family as "functionally diffuse"[17] and Goode has written that family functions "in fact are not separated in any known family system."[18]

The inference is that the child-caring function of the family cannot be viewed in isolation. The way the family carries out child care responsibilities interacts with other functions. Means to express affection, ways in which a family makes its peace with the society around it, its capacity to take part in the economy, its strengths and weaknesses in offering a sense of continuity to its members, and a support system for itself through a kin network--all affect how a family cares for its children. Child care is a product of a functioning family, and if substitute care is to be prevented, intervention should be directed to the health of the total family.

There is much to be said for the reduction of services substituting for the family function of child care; no social system can completely eliminate the need for substitute care. For one thing, there is evidence that the United States has been unable to mount an effective substitute child care system.[19] There is also reason to question any governmental program approach that has a central goal of substituting for family function and thus possibly weakens family life.

For many years observers have seen the family as competitive with other social institutions. They have commented that the family has lost function as other organizations have come into being to take over family responsibilities.[20] It has been questioned whether the family can withstand these inroads, and some recent literature has heralded the possibility of the end of the family as an institution.[21] The concern is that the family is a functional group that can be weakened by other groups taking on family functions, whatever the motivation. Efforts to help families can be actions that hurt them. The substitutive services are particularly prone to such unwitting behavior, which suggests that they should be tied closely to ways to utilize family strengths when this is possible. A policy must emphasize means to aid families to function. The reasons for this positive, more comprehensive approach derive from what we know about family performance.

II. FAMILY TRENDS

To observe the state of the family in the nation, broad social indicators are important sources of data. Clinical studies pose the problems of small samples that may not reflect the larger population. Organizational materials tend to reflect organizational goals and performance, and ultimately produce distortions by viewing human behavior through the lenses of particular organizations. Social indicators more directly measure societal output, and social indicators concerning the American family include population or large-sample surveys. A social-indicators approach also requires time series that may define the direction of events, and ultimately measure whether, over time, families are better or worse off.

Social indicators specifically concerned with the family have attracted attention only fairly recently. The first major collection of such materials was published in 1970 by the Russell Sage Foundation.[22] This report mentions important gaps in available data, gaps that still exist today.

The author, Ferriss, comments that most available material describes changes in the structure of the family, not in its functions.[23] Since our emphasis is on the latter, this is a serious limitation. Most social indicators focus on the results of behavioral patterns, but not the processes themselves. Since the census, whose purpose is to provide demographic description, is the source of most available family indicators, this is understandable. Policy analysts might wish for corresponding emphasis upon behavioral, qualitative and attitudinal materials.

The descriptive data suggest that major changes in families are taking place, particularly rapidly in the present decade. Before dealing directly with this, however, it is useful to examine the social environment of American families.

Female Role Change

Women are going to work. Participation by women in the labor force increased 68% in the period 1940-1973.[24] The trend includes women with continuing family responsibilities. Between 1950 and 1975, there was a threefold increase in the number of women seeking work though they had husbands in the home and children under the age of 6.[25]

The trend is likely to continue. A 1974 survey by the Institute of Life Insurance indicates that only one in four young women intends to spend little or no time working during her lifetime.[26] A trend toward egalitarianism between the sexes is expressed across class lines.[27]

Economic Recession

The period between 1969 and 1976 was economically sluggish, with heavy unemployment.[28] The impact upon families is extremely complex, but there are some indications of attitudinal effects. By 1974-75, families were expressing decreasing confidence in the economic future, and doubt that each year would bring financial betterment.[29] This is in sharp contrast to the traditional American myth of endless opportunity for personal economic progress, and is reflected in attitudes about financial responsibilities for children. In the 1974 survey, 37% of the national sample told of "real economic stress. . . . They report that their standard of living is lower than a year ago and their previous way of life is in jeopardy."[30]

Birth Control

A technology for easy birth control and changes in abortion laws were coupled with rapid changes in popular ethics, and family planning progressed during the 1970s. In most of the present century, there has been a trend toward a decreasing birthrate in the United States.[31] The trend has accelerated recently, with birthrate predictions regularly exceeding the reality.[32]

The legalization of abortion brought dramatic changes. Between 1970 and 1974 there was almost a fivefold increase in the number of legal abortions reported.[33]*

In short, social indicators concerning the family in the 1970s must be interpreted within the context of considerable uncertainty about individual self-definition and intimate interrelations with others. Sexual identity and roles, the "naturalness" of parenthood, and economic supports over the long term were put into question by political, social, economic and technological developments that were ultimately environmental in origin. Social sanctions (and certainties) were being replaced by socially supported alternatives that could be carried out with a freedom never before available across an entire population. Major life-style options were available within a context so open that marriage and family itself could be virtually experimental.[34] Planning, conceiving, bearing and caring for children were subject to these changes. Family life was remarkably unstable.

Traditional Marriages

The rates of marriage dropped during the 1970s. Marriage could have been delayed due to economic recession, and birth control methods may have eliminated some "forced" marriages.

Bernard compared the years 1970 and 1974 and concluded that the proportion of married persons was decreasing, while the proportion of divorced, separated and other single persons was increasing.[35] Census data indicate that between 1970 and 1975, the number of persons 25 to 34 who never married increased by about 50%.[36]

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*The issue of government subsidy of abortion has been the subject of intense judicial and legislative examination, with outcomes undecided at this writing.

Age at first marriage was increasing.[37]

Glick, however, has examined what has happened to women aged 35 to 44, and concludes that the attitudinal change toward marriage may be less drastic than it seems.[38] Moreover, a national opinion survey in 1974 found that an overwhelming majority were positive toward marriage, while only 14% showed attitudes basically negative toward marriage for themselves or others.[39]

The picture is not clear, and bears continued evaluation.

Divorce and Separation

The other side of this coin is expressed in divorce and separation statistics. Here the data are so strong that conclusions are clear; divorce is increasing at a remarkable pace. Over the long term, between 1875 and 1975, a 16-fold increase in the divorce rate has been registered. By 1971, the divorce rate in the United States was the highest in the world, and the rate has increased since.[40] By 1975 divorces exceeded 1 million in the U.S., and the children involved had also passed that figure. Almost half again as many children were involved in a remarriage of divorced parents. Social class factors that had been correlated with divorce rates in the past were evening out, suggesting a "democratization" of divorce, now spread throughout the United States population.[41] At the same time, there were indications that those who divorced were remarrying less frequently.[42] Most significant for this discussion, between 1953 and 1971 the number of children of divorced parents tripled.[43]

Single-Parent Families

As might be expected from these statistics, there has been an enormous rise in single-parent families, the great majority of them headed by women. Such families increased over 250% between 1950 and 1974, and the dramatic upward shift seems to be continuing.[44] The trend was most extreme among blacks.[45]

Concomitantly, between 1970 and 1975 there was a 45% increase in the number of children living with a single-parent mother. By 1975, 20% of all children under 18 were living either with a single parent or with substitute parents.

These data suggest that an increasing number of children are in jeopardy of inadequate care.

Other Forms of Families

The increase in single-parent families is not the only significant departure from the traditional family pattern. As an outgrowth of present trends, there is an increasing number of families reconstituted from earlier marital states. Despite the decrease in remarriages already mentioned, 80% of those divorced were remarrying, according to 1975 census data.[46] Figures in 1970 indicated that 30% of the children under 18 in the United States were not living with both natural parents.[47]

Obviously, such families present complex structures for children to adjust to. There is little information yet on how this large cohort functions, but what is available suggests fairly optimistic conclusions on satisfactory adjustment.[48] Nevertheless, further study is warranted.

More radical changes in living arrangements have been frequently discussed in the literature. Although there is evidence that American attitudes remain conservative,[49] the clear evidence of structural change in the American family has alarmed many. Obviously, these changes are at least in part a logical extension of social conditions in the 1970s. To understand their meaning more fully, we have to understand the accompanying functional changes and the attitudes that surround them.

Functional and Attitudinal Measures

Understanding the full meaning of structural change requires hunting out sometimes fairly oblique research results suggesting aspects of what may be happening. The data are both thin and not fully trustworthy; the measurement of attitudes and interactions is far less precise than descriptive information. Most apparent is the relative scarcity of research on child and family that utilizes attitude survey approaches. Apparently this "soft data" approach has been seen as less utilitarian than demographics, but in many ways descriptive data may be best explained by such attitude surveys.

What little is known has some encouraging facets. Marriage and family have long been seen to have moved into an era that is less instrumental and more expressive--a time when the "self-actualization ethic" reigns.[50] Under such circumstances, attitudes toward family life become directly related to satisfaction felt within it. Americans give their families the highest priority when their personal values are surveyed.[51] Furthermore, most adults seem to find real satisfaction with family life. One large-sample national survey showed 94% of women and 96% of men described their role as parents as at least usually enjoyable.[52] In another recent national poll, 78% of respondents expressed satisfaction with the way the family worked together.[53]

Families continue to provide physical care, socialization and acculturation for the vast majority of young children, despite a rapid rise in the use of foster care.[54] An increasing number of children receive some form of supplemental care during their parents' work hours. There are strong indications that parents are active in making these care arrangements.[55] And in intact families, the depth of influence of the family upon children has been demonstrated.[56] One may conclude that although work arrangements have increased the need for supplemental care during work hours, the bonding between parents and children continues to be intense.

The family is a source of continuity between generations, and expresses this through kinship ties. Despite writings to the contrary, recent indicators suggest the continued importance of the extended family as a functional part of family experience. Adults maintain close relationships with their parents,[57] and adolescents demonstrate affectional ties with extended family members.[58] Extended family members provide help when the nuclear family undergoes stress, and a particularly significant finding is that extended family members often pay for day care.[59] Extended family members provide significantly for the care of the aged in the United States, although this seems to be decreasing in favor of institutional arrangements.[60]

Families are involved in a constant process of exchange with their environment. One of the most measurable aspects of this process is consumption, where choices must be made by families to respond to market factors. There is strong evidence of family interaction over consumer choices that for the most part satisfies family members.[61] These data indicate that interactions within the family remain intense, and that family members are involved in deep interaction as they contend with environmental realities.

But a quick tour of data sources is disappointing. In the face of indications of great change in family structure, we know little about corresponding changes in internal processes within families. What data there are indicate that these processes remain viable, but there is desperate need for further understanding, and greater financing of research on attitudes. Of particular importance is further intelligence about: 1) how families arrive at choices among increasing life-style options; 2) qualities of interpersonal experience within reconstituted families; 3) the particular problems besetting single-parent families with children; 4) the nature of competition for individuals' loyalty between families and other social institutions; 5) measurable impacts on individual development derived from family experience, controlled for other variables.

From what is known, a composite picture of the American family in the 1970s emerges that suggests:

1) Families continue to rate high as sources of satisfaction for individuals. The function of child care is enjoyable for most adults, while there is movement toward more equal participation in the process by both sexes.

2) Parents tend to resist losing influence upon children, even when day care arrangements outside the home are required.

3) Expectations for family life remain high.

4) Kinship patterns continue to influence family life.

5) Families arrive at many choices through a mutual process.

6) Options in determining life style are increasing, and families are exercising choice with greater frequency.

III. ADVOCATES AND SERVICE PROVIDERS

Child care and its relationship to family function link with certain fields of organized activity. These fields are not always synchronized, nor do they approach the family and child care with similar goals. The tension between fields and the fragmentation of service approaches affect the care of children.

This paper concerns the relationship between child care and public policy toward the family. For that reason, it emphasizes the role of government, but to do so it must also consider interest groups that affect public decisions. Therefore, the private social agencies in the domain of children and the family are discussed before proceeding to the judicial, executive and legislative branches of government.

Private Social Agencies

Social services in the United States originated with voluntary interest groups, whose functions often subsequently became included in government processes. The voluntary agencies were thus the ancestors of many government social programs, and there are continuing close relationships between many service programs offered by the voluntary sector and those provided by government.

It is significant that the 19th century, which was marked by the development of organizations offering human services, did not produce nationwide interest groups that encompassed both child placement and more general family orientations. Various organizations concerned with child neglect and abuse and with the need for substitute care of children emerged as specific child-placing organizations and networks designed to provide substitute care when families were disabled. They not only provided service; they also advocated for the needs of the child, sometimes even in opposition to the wishes of individual parents.

During the same period, the concern of volunteers with poverty, and the need for organization of charities, produced the Charity Organization movement, which in the next century turned its attention specifically to the family: first the poor family, and then all families. The original emphasis on strengthening the indigent moved on to advocacy of the family as a functioning institution.

Interests in education and scientific management were reflected in the home economics movement, which originally applied scientific principles to the education of housewives, to better their functioning as consumers and parents.

Thus, by early in the 20th century two strands of service had evolved--one directed to children when families failed to function, the other directed to intact families so that they would function.

Despite a great deal of cooperation between these movements over time, the differences continue to be manifest. An effort in the 1970s to merge the Child Welfare League of America with the Family Service Association of America failed, even though both organizations have many local member agencies in joint membership due to merged local program content. Contributing to this failure were goal discrepancies connected with emphases already discussed.[62]

The differences in emphases become even more pronounced when one considers the many advocacy groups concerned with child abuse, juvenile delinquency and other areas where emphasis is on consequences to children of dysfunctional family life. There seems to have been greater voluntary interest in advocating for children's needs under such circumstances than in advocating for strong family life, although this may well be changing.

A new force on the horizon is the participatory group oriented to the interests of adults within the family. Both the self-help movement and the encounter movement have sped this trend in recent years. Originally formed to provide commonwealth experience with special problems, or to enrich family experience, such groups have considerable potential as advocates for strong family life, and there are some indications that they are moving in this direction.[63] But once again, there are limitations in encompassing the total family experience, including the function of child care. Advocacy in these newer groups is likely to relate to special family problems or center upon concerns with marriage exclusively. The newer movements, rather than healing the schism among interest groups, tend rather to emphasize it.

The Judicial System

As pointed out earlier, the Constitution is silent on the subject of the family. The various state governments were left to make whatever response to the family was necessary. Also mentioned was the American assumption about social programs--that they have a regulatory function. These attitudes combined in the development of state laws designed to make rules about family behavior. These rules became voluminous enough to form a specialty within legal practice--family law. This body of law, derived from state-level activities, produced a polyglot of conflicting, incoherent requirements for family behavior.[64] Complexities in law have produced a lively practice in interpretation, but also provided incentives for mobility from state to state, as individuals searched for legal protections to meet their personal needs. Problems have followed as family members crossed jurisdictional lines, or utilized different state laws to gain advantage in family quarrels.

The matter is of particular importance when considering child care because of long-standing legal mandates and sanctions in determining care procedures. Although efforts have been made to design nationwide standards for determination of child care and custody,[65] difficulties with definitions and application to case law have made solutions elusive. Consequently, the problems inherent in discretionary law[66] have diminished the capacity to provide for the safety and care of children.

The Executive Branch

Specific interest in children by the federal government is also long-standing. The Children's Bureau and, later, the Office of Child Development are expressions of research and programming concerning children. Further evidence of interest has been the regular continuance of the White House conferences on children. The results of these conferences may at times be controversial, but they have established orientation to children as a proper direction of government, and have increased visibility of children's issues for both the general public and government. They have been less successful in including family concerns, and as a result a White House Conference on Families is being planned at this writing.

The executive department's interest in the total family is extremely recent, essentially born with campaign statements in the 1976 presidential race. Whether campaign statements will be translated into action is as yet unclear. Will the separation of interests in children and families be continued in new presidential initiatives? What definitions of "family" will prevail? What interest groups, if any, will have elite status in these new developments? What incentives will there be for law making and program development? What conflicts will arise as individuals and groups concerned with the family meet?

The Legislative Branch

Federal legislative concern with the family has tended to be dominated by legislation on income maintenance, originally with the Social Security Act, and then with changes in related programs. Title XX of the act stated among its "national goals" to guide development and delivery of social services: "preventing or remedying neglect, abuse or exploitation of children and adults not able to protect their own interests, or preserving, rehabilitating or reuniting families."[67]

From a family-oriented perspective, the results are dismal. The most family-oriented of the public assistance programs, Aid to Families with Dependent Children, has also been the most controversial. Judah states:

> AFDC, a program universally castigated, remains our basic legislation to supplement and support poor families with children. In only 26 of the 50 states are families in which both parents are in the home but unemployed included in this program. In 24 states they are not included. Family breakdown is actually made an eligibility condition. A policy, though an unwritten one, permitting high unemployment to curb inflation at a time when exclusion of the unemployed from the basic provision for families is allowed, is an example of the tacit policy of the federal government. Using the criteria to evaluate policy of inclusiveness, adequacy, equity, and ease of administration, the AFDC program is found wanting on all counts as a provision which supports and supplements family well-being. While it has been castigated even by Presidents as responsible for family breakup, no substitutes are currently being seriously considered.[68]

This troubled program is currently directed to 10% of the families with children in the United States, and 12% of the children. More than half of all female-headed families are using AFDC.[69]

As to direct services to children, Mott has indicted American capacity to provide child care.[70] He concludes that: 1) the longer a child stays in foster care, the less likely he or she is to return to the natural home and the lower the probabilities of adoption; 2) there is inappropriately high turnover among professionals who supervise foster care programs; 3) for all practical purposes, children in foster care are "lost"; officialdom is unaware of the child, his needs and has no goals for his development; 4) children with special needs are particularly barred from adoption; 5) there is a serious shortage of foster care facilities, which results in children being inappropriately placed in institutions; 6) relationships among organizations concerned with child care are chaotic, and they are incapable of cooperation. Mott prescribes renewed governmental activity in linking children with their own families, indicating that public foster care services are not properly oriented to the child's family, and only a complete reorientation of children's programs will aid the situation.

We do not dwell here upon the matter of welfare reform, beyond noting that extensive debate has not yet led to meaningful action.

As noted earlier, Mondale, before assuming the Vice Presidency, was a leading critic of existing legislation, and a voice for beginning reform. He enunciated the concept of a "family impact statement" suggesting the need to determine spillover effects on family life of existing government programs.[71] He proposed drafting legislation, using the model of the Environmental Impact Statement, as a means to screen governmental activity to ensure that it was not harmful to family life. One object of his concern was welfare legislation supposedly meant to help families. He felt that many of the provisions had become antifamilial in effect, and required correction. As chairman of the Senate Subcommittee on Children and Youth, Mondale also became involved with hearings on family policy and with several versions of the legislation, last described as the Child and Family Services Act.[72] This bill had emerged from earlier versions more specifically related to day care, but gradually its purposes were expanded to include organization at all levels of government of "family councils" to consider family life. The public reaction to the bill was surprising. An intense mail campaign against it incorrectly stated the purpose as government takeover of rearing children.[73] Despite the distortion, conclusions were possible: government activity in the area of family was of considerable relevance to a large number of people. Many citizens quickly inferred that the bill carried regulatory

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intent. The salience of family policy had increased considerably, and accompanying this was a vociferous conservative response.

The Problem of Ancillary Interest

The fragmentation existing in organized interests in the family is compounded by another phenomenon. Because the family is so deeply concerned with all of life, and is so basic an institution, it becomes an object of concern to many in relation to other interests. Human services, health, mental health, corrections, housing, employment, aging, education and retardation all come to mind as areas of concern, with professed interest in the family an aspect of these more central interests. But it is possible to move into even broader areas of human activity and find concern for the family.

The large corporation, which so characterizes American life, is interested in the family. For many industrial products, the family is a major consumer. Family relationships are important to industry because they involve their employees, since family life can help or hinder individual work adjustment. Yet American industry has not produced its own system of family supports, such as in-plant day care services, to the extent that other nations have, and instead has tended to exploit the family as being of assistance to its work force, or as a manipulable consumer. Industry has responded to some family functions, but not others.

Marriage and family are celebrated by nearly all religions, and linkages between the family and religious belief are common. All major churches treat marriages as sacred, and support traditional family experience. Beyond this doctrinal role, the church is often a medium for family expression of ethnic solidarity.

Churches have been active in many programs in support of family life. There are specific Jewish, Roman Catholic, Lutheran and Episcopalian family-oriented service programs, on the pattern of American voluntary charitable organizations. Moreover, there is a variety of expressions of lay interests, particularly in organizations for marriage enrichment. The clergy has moved into pastoral counseling, and many have been trained in marriage and family counseling. Denominations sponsor courses for clergymen, and clergymen in turn provide courses in family living to their constituents.

Yet churches have maintained certain boundaries between individuals and groups, often as reflections of ethnicity, and in so doing help produce the conflicts of interfaith marriages. Moreover, at least one observer sees churches as major deterrents to the formation of government policy on the family.[74]

One may infer that the primacy of religious considerations in their orientation to the family sometimes leads churches to inconsistencies.

Since the time of the Abolitionists, Americans have organized around human rights. This movement was greatly accelerated with the public attention to the issue during the 1960s, and many private and public organizations relate themselves to this field. Although orientation to family policy might appear to be important to human rights advocates, the facts have often been otherwise. Consideration of the family has deteriorated into arguments about strengths and weaknesses. The most apparent focus for this debate has been the "Moynihan Report"[75] published during the height of the human rights activism. Although Moynihan utilized references by black scholars, the report was seen as a white scholar's denigration of the black family. Scalding attacks were issued against both the report and Moynihan's motives.[76] Subsequently, a literature developed celebrating the black family.[77]

With the largest of the deprived minority groups in the United States emphasizing family strength, it has been difficult to consider realistically the problems of minority families and their interpersonal needs. Even descriptive research has been opposed by some minority representatives. This is unfortunate when one considers that social pressures, and consequent structural deterioration, affect deprived minority groups most intensively. If Americans are to be concerned about how their children develop, and therefore about the families that fashion their formative experiences, attention must be given to the unequal family opportunities available to many minority children. Solutions must be found that transcend concerns about fixing blame for social problems.

Feminism has had enormous impact upon American behavior patterns. Feminists have supported the increasing return of women to work. In turn, new issues for families have evolved. Feminists who see traditional family patterns as unnecessary constraints upon women, and a means for their subjugation, have been at odds with other women promoting a more conservative view of family and society. The prevailing concern tends to be individualistic, with "freedom" of the individual adult of greater concern than the combined goals of individuals in interaction in families.

Another individualistic development that has had impact upon traditional families as well as individuals seeking other attachments has been a minor trend toward organization among people who choose alternative life styles. Recently modifications of traditional marriage and family patterns have become more prolific.[78] Those attempting life-style experiments, unlike earlier American utopians, have rarely claimed superiority in values, but emphasize a search for a better quality of life.[79] As a result, explicit debate and consequent clarification of issues have been rare.

This review of organizational arenas within which the family is considered leads to the following findings. First, families are rarely of exclusive concern to organizations. Many more organizations find themselves interested in families for reasons of their primary task, which is not likely to be the family itself. In effect, the family is everybody's business. But because the family is so rarely of primary concern, the family is everybody's business and nobody's business.

Lindblom has described a highly organized, elaborate process in policy making that he calls "the play of power."[80] In comparison to this interaction, organizations and movements with family interests appear to have chaotic relationships and inadequate interest in family policy. One may say that since policy development in the United States would be harmful to these interest groups, a silent and unwitting pact has developed ruling out support of any public policy of a general nature regarding families. More likely is the possibility that there has not yet developed a degree of sophistication that would allow the groups involved to cooperate for the development of policy.

In addition, an orientation to activity tends to predominate over an interest in policy. Excessive program interest can hinder policy development.

The emergence of the family as a political cause is beginning to bring organizations into a policy-oriented interaction. A White House Conference on Families and a continuing legislative thrust seems to be leading to new coalitions of organizations, and an enlarged entry into the policy development arena by groups that previously were interested primarily in provision of service.

IV. FAMILY POLICY DEVELOPMENT

References to family policy often fail to describe it comprehensively and explicitly. At times single purposes, such as income maintenance, are dubbed "family policy." The differences between policy and program emphases are often unclear. For example, two respected writers in the area of family policy, Kahn and Kamerman,[81] describe family policy variously as government undertaking specific programs and policies to achieve explicit agreed-on goals, as programs and policies without agreed-on goals, and as secondary consequences for families of governmental actions and policies that are not specifically or primarily addressed to the family. As a result, policies may be manifest or latent, explicit or implicit, having consequences intended or unintended, direct or indirect. To the authors, family policy is both a field of activity and a perspective. Although this may be an apt description of what people believe to be family policy, it is not a prescription for devising policy.

Much of the social work writing on family policy has developed as part of the emphasis upon social policy generally. Because social workers carry out programs, family policy suggestions often stress programmatic solutions.

The problem in all this is that it attenuates the process of policy development. Deliberate policy development requires that it become explicit; otherwise it cannot be discussed or evaluated effectively. One aspect of policy making is establishing values as guideposts for activity. Programs, on the other hand, may compromise values or obfuscate them. Moreover, programs cannot be evaluated effectively without values to judge them against. Incomplete value formation may have caused the demise of many of the ambitious social programs of the 1960s. For example, if the Head Start program produced results that were eradicated in a few years by children's experience in public schools, did that mean that Head Start was not doing its job? What values was Head Start promoting? If poverty programs made little progress in changing the incidence of poverty in the economy, were they inadequate? Were they designed to eradicate poverty, or equalize opportunity? In a political system encouraging adversary debate on such topics, the extinction of social programs without clear goals may be hastened.

This is not to deny that strategic considerations may enter into timing and dissemination of information, including matters pertaining to goal formation. However, an explicit rational process to develop goals and related values is essential for program development. It should not be programs that define policy, but rather policy that defines programs. Policy development must begin before immediate programming is considered; program design must be a phase of policy implementation.

Values may be derived, at least in part, from conclusions based upon data. There is an intelligence function to policy development, and normative matters contained in policy formation need not imply irrationality. Policy making on a national scale is intensely political, and some irrationality is built into that system. However, a policy emphasis requires that systematic rational deduction be an important contributor to policy making.

In the frequently intense atmosphere that surrounds public policy makers, negotiation, exchange and debate are often part of the process of sharing expertise and opinion. This usually involves a large number of interest groups in a highly sophisticated interaction. These groups in turn have their own constituencies, who use their organizations to promote their interests.

Given such a description, it becomes clear that family policy in the United States is underdeveloped, and that present interest in the subject is a mere prelude to a process of increasing complexity, which may develop its own technologies or a better use of existing ones.

At this point, then, descriptions of policy making that emphasize an ordering of activities have particular merit.

Public policy making is a complex process that has been examined by many observers.[82] One group, sometimes described as the rational-comprehensive school, emphasizes the orderly, highly structured aspects of policy development. Its models often are extremely detailed and lengthy. Other observers emphasize the interactive and political qualities in policy making, pointing up the strategic aspects of policy development. Dror[83] has developed a model spanning these two approaches to the process. Dror's model simplifies the stages of policy making and emphasizes a stage of policy development that precedes programmatic concerns. So we turn to his model.

Recognizing that not all policy development is ideal, Dror nevertheless posits an optimal policy-making design. It includes four stages:

1) Metapolicy making: the initial rule-making stage that can guide later efforts;

2) Policy making: specifying policies;

3) Post policy making: executing policy;

4) Feedback: evaluating and improving policy.

From this perspective, program execution follows policy making, which in turn follows a still earlier stage.

With family policy as formative and primitive as it is in the United States, the relevance of Dror's model seems clear. In the name of family policy, during a time of new public interest in the state of the family, it will be important to avoid moving first to "post policy making." There is opportunity to start at the beginning. Further examination of the definition of "metapolicy" is in order.

Dror's model lacks specificity. For example, he states that policy development may be metapolicy making or policy making, depending upon the level at which one observes the process.[84] Therefore, this discussion departs somewhat from Dror's writing.

Metapolicy may be seen as centering on the formation of values. These values may be placed into general problem contexts by determining how they differ from the existing facts. Metapolicy is the initial mind-set for the policy-making process, which later focuses upon the allocation and availability of resources. Metapolicy is subject to change as the cycling and recycling of policy making takes place. It is not a process producing closure: instead it is a beginning grasp on a continuing, reiterating process.

Actually, this paper has begun metapolicy modeling, in that it has outlined a series of conditions in American family life. Examination of these conditions helps to outline values pertinent to family policy making as it affects child placement.

V. SOME METAPOLICY PROPOSALS

Family conditions are inextricably connected with the etiology of a need for child placement. Placement occurs as a direct result of inadequate familial arrangements, either within the nuclear family or the kin network. Since child placement is a substitute for care arrangements within the family, by definition inadequate family functioning is of concern. Moreover, it is only through familial responses to the care needs of children that placement situations can be terminated. It is malfunction of the family that causes child placement, and it is only through family care that children may be released from it.

Earlier, we discussed the interlocking functions that characterize family behavior. Child care is the function of greatest concern here, but appropriate and socially useful child care requires that other aspects of the family be functional as well. A detailed illustration may be useful.

There are many ways to describe family functions.[85] In a more detailed work, the writer summarized typologies of family functions to include: 1) expression and affection; 2) socialization and acculturation; 3) continuity; 4) interaction with the environment; 5) consumption. Of these, the second, socialization and acculturation, is most directly equated with what is involved in child care. During their early years, children utilize their family experiences to become functional adults. Although other institutions also socialize and acculturate, it is generally believed the family has the most basic impact upon children.

It is clear that this function cannot be salutary without some relative capacity of the family to function in other areas. Without expression and affection in the family, emotional bonds between children and other members of the family will not develop to ensure socialization and acculturation. Children have to care about the attitudes of others before being able to make use of role models. Also, children have to act out their feelings with enough freedom so that they test out their learnings, and require room for expression. Parents must actively teach, and to do so they need some sense of the continuity between their experiences and those of their children. Without a sense of continuity, social attitudes of parents are irrelevant to children a generation later. Families incorporate their interaction with the environment into the socialization and acculturation of their children. Moreover, this interaction is necessary to physical and material well-being, without which family members simply cannot survive. The interaction produces the means to consume goods produced by society, a particularly significant part of life in a materialistic society. Through aspects of the consumption process, children learn about their relationships to society.

The point here is that one cannot consider the child care function without reference to other familial functions. A family dysfunctional in one area is likely to be dysfunctional in others. And even if different typologies of function or ways of describing this interelationship are used, it still holds true. There is strong evidence to support this metapolicy value: prevention of child placement requires linkage with policy that supports family life functions.

Adherence to such a value might conflict with the ways in which Americans have organized social services. Authorities at all levels have tended to separate phases of the life cycle in service approaches. Therefore, there are resources specifically for the aging, as well as organizations targeted to services to children. A case could be developed that emphasis upon the aging as a specific group is a disservice to the group itself. For example, most of the aged live in and are dependent upon family settings that in turn link with younger people in other generations. The problems of forced retirement or the alienation implicit in some aspects of retirement community development are symptomatic of the larger problem of isolation and alienation of the older age group. If the aged have a severe problem connected with isolation, perhaps services to them should be integrated with the life cycle, not separated from it.

Counterarguments to this might include the political advantages of organizing the aged around problems they themselves feel, or the special problems of aged people. The point is that the terms under which helping services are mobilized, whether specialized or integrated with other aspects of the life cycle, affect outcome. A lack of integration carries associated problems.

The point may be made much more strongly with regard to children. Families perform pivotal functions in the development of personality through their care of children. Their capacity to carry out this task is related to other aspects of their well-being, and the family's ability to function in other areas.

The limitations of a problem-oriented approach are also implied in this discussion. Consideration of the problem of child abuse has led to emphasis upon children's rights, which are sometimes considered without relation to the problems and rights of others in the family environment. It is only in severe instances of dysfunctional family relations where it is reasonable to advocate in behalf of children in opposition to other family processes.

However, having arranged service orientations to coincide with life stages, particularly with reference to children, organizations have had little incentive to approach policy matters with the necessary breadth. A categorical approach that has often not included the family as an area of concern makes policy analysis concerning the family extremely difficult.

Therefore, value formation implies rearrangement of organizational designs. A later policy-making process might detail reallocation of resources to blanket the family policy area better.

Currently interests in the family, whether oriented to program, policy or both, are widely fragmented. These interests include governmental, voluntary and commonweal organizations, some with special interests in certain kinds of family (the poor, minorities, ethnic and religious groups, life-cycle stages) or with ancillary interests in the family. The agendas of all these groups are likely to be disparate.

There has been no nationwide coordinating effort to date, nor has there been an adequate forum for discussion of how these different approaches might be integrated. Varied interests in and interpretations of family need are of particular concern within the American system, which emphasizes pluralistic possibilities for life style. Data clearly indicate that either through belonging to an ethnic group, or through an increasing range of choices about life style, families themselves are extremely diverse. As a corollary, service organizations must reflect diversity in order to respond to families. A street-based program is unlikely to attract middle aged, middle class suburbanites, just as an office-based clinical program may not satisfy the needs of deprived minority families.

The need for cohesiveness in American family policy has been pointed out. One approach that had some political potency is a conservative emphasis upon restoring traditional family life styles.[86] Turning back the clock is unlikely, particularly without reversal of major social trends that encourage the changes. However, there is a deeper philosophical question about the degree to which government should attempt to dictate personal behavior. As mentioned earlier, this concern for individual freedom is deeply linked with the inadequate attention family policy has received. Thus, a second value for metapolicy: family policy must incorporate diversity and pluralism while coordinating research, policy making and program development.

Since the relationship of research and policy making is discussed more fully later, this section concerns coordinating program diversity.

In devising programs, Americans have evolved a complex relationship between the private and the public sectors, as well as among federal, state and local levels of government. Relationships among these various service providers are often by contractual arrangements, many of them designed to meet the needs of the financing organization. At times, the organization providing service has been an unequal partner in the contracting process.[87] The contract may be destructive to organizations providing service, or may strengthen service provision.

Related to coordination of diverse service is the growth of umbrella organizations, often encouraged by government policies. Despite their proliferation, these organizations continue to be somewhat experimental, and present many unresolved problems.[88]

Service coordination may be a central problem for family policy makers, requiring detailed attention. Efforts to model family behavior uniformly carry a cost that Americans cannot pay--a major loss of freedom. Program integration, on the other hand, is required for any cohesive program response that can address some of the interlinked issues described. Unity within diversity must be sought if basic American assumptions are to be implemented within family policy.

If there is much to be learned about program administration, there are also important gaps in the basic knowledge about the family necessary for appropriate policy development. As already noted, social indicators dealing with the family concern themselves primarily with structure, whereas utilitarian policy must emphasize family function. One function of special interest for public policy is that of exchange. Understanding how the family interacts with its social environment, how it affects and is affected by it, is significant to the kind of linkage that policy implementation seeks between the individual family and society. The exchange function is more frequently discussed in the literature than it is researched. As a result, we often are poorly equipped to understand the mechanisms of interaction. For example, much has been written about the impact of institutions upon the family. It is asserted that the family has difficulty competing with schools, recreational groups, organizations related to industry and the work place, and the like. Yet little is known about how the family manages to handle competing loyalties and conflicts that every family member must bring into the family structure. The view of the family as victim, weakened by organizational forces outside it, has recently been challenged by historians.[89] It may be that family functions have become more intense in response to social modernization, and that the preindustrial family was by comparison a brutish association necessary for survival.

Basic assumptions about family health upon which policies and programs are built often remain unexplored scientifically. For example, the contention that divorces are necessarily bad for children is unclear from a research perspective.[90] Not much research explores the dynamics of reconstituted families to explain their suitability for rearing children, or what constitutes successful human relations under these complex circumstances. Both divorce and serial marriages that involve young children are increasing in the United States without a knowledge base for judging whether this increase is acceptable. These illustrations demonstrate another metapolicy value: a knowledge base must be developed for adequate family policy making.

Research and knowledge development is a casualty of fragmentation of family interests. Here is a specific place where government can provide a necessary coordinating link--if not actually to implement family research, then at least to coordinate and finance it. The federal government has considerable experience in encouraging research. But there should be a central organization operating above and beyond the secondary concerns expressed by existing government agencies.

In the continuing experiment to serve the family, innovation is common, while coordination and evaluation of innovation is rare. As a result, exchange of intelligence, a necessary component of knowledge building, is often absent. The federal government is in the best position to centralize intelligence about the family, but it must become organized to do so.

Appropriate intelligence might help the policy process in establishing boundaries to the pluralism discussed here. There seems little doubt that certain life styles may be harmful, socially and personally. There are probably principles of familial interaction that could be derived from research and analysis of experience. Families should have social utility (it is for this reason that social policy is relevant). Within diversity and pluralism, it is necessary to know what to discourage and where to build incentives for socially useful behavior. Without an understanding of how to limit pluralism, a metapolicy posture supporting diversity is readily challengeable, and extremely vulnerable in a political sense.

Perhaps because of the disorganization and lack of purpose in American responses to the family, family research has often been an unpopular academic field. Surveys of family research leave much to be desired.[91] Greater emphasis, and consequent prestige, for family research, might well enhance results.

Until recently, Americans made little effort to monitor the effects of legislation upon the family. Recently some centers, primarily in the academic fields, have initiated efforts to understand "family impact."[92] There are considerable differences in how family impact analysis is described, but there are important reasons to understand how governmental activity affects families. Family impact analysis might be a feedback mechanism for policies and programs directed to the family, but, more importantly, there is likelihood that the American family has for some time been deeply affected for good or ill by a great variety of legislative initiatives directed to other social purposes. There is experience about how government policies affect families, and this is important background material in building family policy.

The new interest in family impact analysis and the subsequent growing interest in federal family policy derive from the accelerated changes in family structure during the 1970s. As socially and personally determined options increased, families began moving into patterns of nontraditional behavior in much greater numbers than previously. These new patterns lack the social supports of a more traditional system, and this provides a new vulnerability to large portions of the American population. The matter is particularly pertinent in considering child care. This suggests another metapolicy value: although family policy must be directed comprehensively to the state of American family life, it must particularly address family patterns vulnerable to deterioration.

Social indicators stress strong upward trends in employment for women and in divorce. The affected families may be in jeopardy in regard to many functions, but no function is more acutely jeopardized than child care.

The inclusion of women with minor children in the employment market is of vital significance to family life. Feminism and action against discrimination in hiring, coupled with a sluggish economy in the 1970s, have moved many women into the labor market, 46% of them with minor children.[93] The option of staying home and caring for children has grown less prestigious in some quarters, and carries with it no income. The valuing or costing of work in the home generally is a serious economic problem that requires full consideration with reference to many social programs.[94]

But if women are to work, arrangements outside the nuclear family are likely to be required for the care of children. An important implication not dealt with fully here has to do with encouraging kin relationships for child care, now often excluded from payment in publicly subsidized programs. Recent tax and welfare proposals suggest new interest in this topic. There is the possibility of adding options in day care by more fully utilizing and perfecting standards for family day care.[95] Possibilities include day care centers provided by industry for the families of their employees, or, perhaps more promising, greater emphasis upon flexible work hours to permit cooperative child care arrangements between husbands and wives when both are employed.

There is a compelling necessity to develop national policy that supports caring for children under these new circumstances, though development of these resources would require a pluralistic approach, allowing options in how parents provide care. Industry could well be involved, perhaps through subsidy, perhaps through tax incentive, in provision of child care services. Since work is the major adult responsibility besides the family, it is reasonable to better integrate work and family.

Mounting a child care program to fit realities requires consideration of spillover effects. The goal should not be simply to remove child care from the family; there is little evidence that it is feasible to mount a national program for this function. Instead, programs should maintain parental options, controls and activity, retaining opportunity for parental and family involvement. Families should experience child care opportunities as gains, not functional losses. This suggests that standards for day care emphasize family involvement.

If day care is approached with the goal of a mix of optional services with the greatest possible involvement of parents and families, there may be cost savings, and less public resistance to day care proposals.

Child care is not the only family issue pertaining to the enormous increase in working women. Attitudes about sex-related roles are being rapidly changed, and with them interpersonal conventions between the sexes. Ethnically determined patterns of behavior are being deeply disturbed. Marriages and families are under pressure to repattern interpersonal relationships to fit new social perceptions. Economic gains for women are associated with social independence that can alter family systems. All this suggests the need for accessible personal social services capable of helping familial relationships.

In recent years there has also been a growth of options that can disrupt family continuity. Constraints against divorce have become less stringent as a self-actualization ethic has become more prevalent, bringing its own problems.[96] Divorce and separation have led to a vast growth in single-parent families, most of them headed by women, and most of those women working. These are families highly vulnerable to child care problems, poverty and alienation within society. The problem becomes particularly acute because of the relatively high proportion of black families living under these circumstances.

There are many newly available choices for single-parent families. Marital, sexual and financial options may fashion new life styles for single parents. Such options have complex effects upon family members. But options for the single parent may suddenly diminish. Lack of work opportunities, of child care, of economic supports, of adequate housing at low cost, etc., all impinge upon the single parent. With the substantial increase in this population group, it has become a segment of the population whose numbers demand some priority in family policy. Enlargement of options for such families and help in managing options seem essential. This calls for personal and material social services, but also a network of broad social supports that allow for inclusion of members of these families, who now often become alienated from many institutional supports.

The metapolicy questions emerging from industrialization are far from exhausted in this paper. Linkages between nuclear and extended families suggest needs for metapolicy, including answering difficult definitional questions about the nature of the family. Preconditions for policy making might be more fully considered. Issues pertaining to such basic supports as income and health for family members call for major attention. A strategy to move through the several steps of the policy process might be elaborated. Rather than presenting a full exposition of family policy, this paper places the specific problem of substitute child care within a broad perspective of family policy. The thrust here is that the functioning family is to be preferred over substitute care procedures, and that substitute care arrangements should involve original families to the extent possible. This view suggests that substitute child care, necessarily separated from the family, is at one end of the continuum of potential services that might be made available to support family functioning.

Within the context of family policy, services to families might become far broader than those traditionally provided. The implication is that service provision must first be considered within the context of the problem the family faces, rather than within existing service sectors with established targets. If a child care design that is highly separated from the family (as, for example, institutional care provided at a location that makes family members' visits unlikely) is at one end of the continuum, the other polarity is child care by an intact, fully functional family with both parents. There are a great many possibilities for service delivery between these polarities. Some are social services: family counseling, day care, foster care, adoption. Other services may relate to the child care situation, but more obliquely: public assistance, health delivery, mental health services. A policy-oriented view can bring into focus a series of other culturally determined factors that affect the child care situation. Legislation and program implementation can be given proper context through policy analysis. For example, socially determined requirements for inclusion in the economic system impinge upon both adults' and children's social status and available resources. Behavioral norms and expectations, which change dynamically, produce goal-oriented behavior by both adults and children, and impact upon the child care situation. The major organizational groupings within society, corporate and governmental, carry their own impacts upon conditions to which families must adjust, and within which child care must take place. The nature of primary group experience as expressed in neighborhoods, communities and subcultures further determines associations with people who may either support or deter familial processes. What is considered appropriate in a family's view of goals, values and priorities exists within a range, and with limitations culturally imposed. Such complex cultural components, though not easy to understand, carry no less impact upon a family's capacity for child care than the direct services associated with the issue. If this is so, we must learn to understand and influence these forces. Otherwise, direct services can only be reactive, rather than productive of desirable social conditions.

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☆U.S. GOVERNMENT PRINTING OFFICE: 1978-273-861/6437